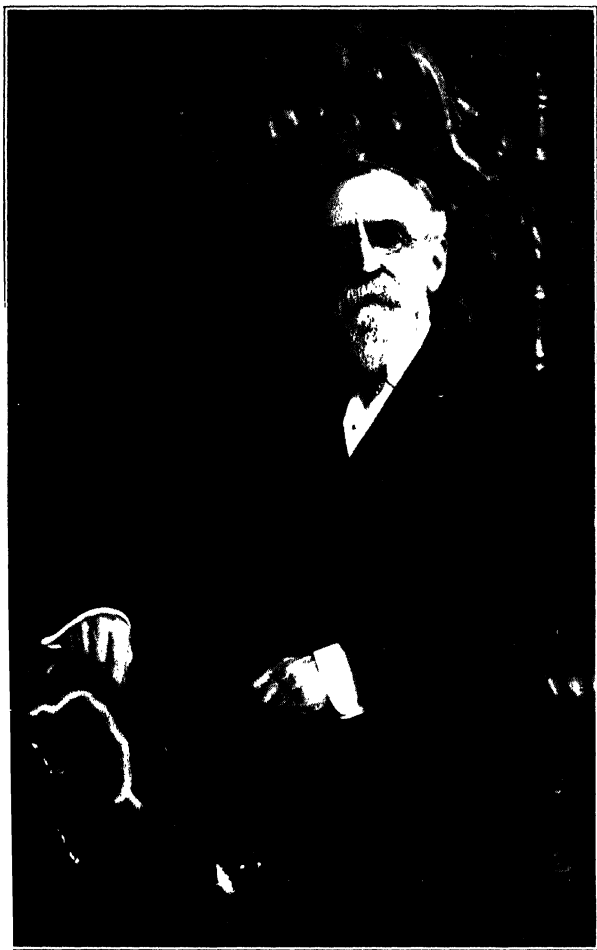


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E. B. NASH, M. D.

THE TESTIMONY OF THE CLINIC

BY

E. B. NASH, M. D.

AUTHOR OF

"Leaders in Homœopathic Materia Medica," "Leaders for the Use of
Sulphur," "Leaders in Typhoid," "Leaders in Respiratory
Organs," "Regional Leaders," and "How to
Take the Case."

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DEDICATION

TO ALL PHYSICIANS OF ALL SCHOOLS OF MEDICINE WHO ARE HONESTLY OPEN TO CONVICTION AS TO THE TRUTH OF
SIMILIA SIMILIBUS CURANTUR

PREFACE

To the Irishman I believe is credited the saying: "The proof of the pudding is the eating of it." So the proof of the truth of the homœopathic system of therapeutics is in the application of it to the cure of the sick. The object of this work, under the title of "Testimony," is to offer such proof.

The three cardinal principles of our art are:

- 1st. The similar remedy.
- 2d. The single remedy.
- 3d. The minimum dose.

To the first, which is embodied in the "*Similia Similibus Curantur*" of the master, all who claim to be homœopathic at all unite in general assent; and yet even here there are some who are ready to claim that the similarity between drug and disease must go on even to pathological tissue changes in order to be able to apply the principle.

If this were true we would be greatly crippled in two ways.

- 1st. We would not (in many cases) be able to apply our remedies early enough to save life.

2d. The provings of drugs would have to be carried to the death or just short of it, to establish its perfect similarity.

Happily it is *not* true as abundant experience has proved.

Every disease has its beginnings, which precede the stage at which so-called pathological changes are in evidence.

Homœopathy meets these conditions in their symptomatology with the remedy corresponding to it in its pathogenesis, and can thus *prevent* the disease going on to pathological manifestations, or *cure* the patient of both the symptomatology and pathology where cure is at all possible. As Hahnemann would say: "The dynamic (spirit-like) force of the disease is met by a like force residing in the drug and conquered."

This truth coupled with the other truth, that the symptoms between drug and disease corresponding, guides to such possible *early* administration of the curative, at once places our system head and shoulders above every other known system of therapeutics.

It deals with the beginnings, or early manifestations of disease, and "nips in the bud" those

processes which lead to that which is possible to recognize by the pathologist *only*.

For instance, we do not have to push the proving of drugs to the actual production of the Klebs-Löffler bacilli of diphtheria, or the pneumococci of pneumonia before we can use the remedies, when in other respects they cover the symptoms of the patient. This will need no argument, I think. I do not know that any provings of *Bryonia* or *Sulphur* that have produced the effusions in joints or pleura, for which, the other symptoms corresponding, they are so efficacious. So our symptomatology, pathogenetic and clinical, hold their place, and will continue to do so. And right here, "lest we forget," let me say that in the selection of our cases for this work, we have freely used symptoms, clinically observed, as well as those produced in actual proving, for the reason that we believe that repeatedly cured symptoms, especially by potencies, would have appeared if the provings had been extended. This has been proved true in many instances. Such clinical symptoms are as Father Hering used to say born by "breech presentation." Now in regard to our second principle.

THE SINGLE REMEDY.

Alternationists and combinationists will here begin to sit up and "take notice." I cannot see much difference here between them and the polypharmacists of the old school. I know of a man who claimed to be "one of us" who had a standard prescription for gonorrhœa—a combination of twenty-one remedies. How is that for a combination tablet?

If a *proving* of the remedies in combination had been made like that of *Merc. prot.*, *Merc. biniod.*, etc. (which, in a sense, are combination remedies), such prescribing would be scientific.

But when it is remembered that such combinations while retaining some of the characteristic action of each separate chemical ingredient, still develops properties peculiar to itself, it cannot be claimed, I think, combination tablets will cover at the same time all that is common to each alone. And especially is this true of all combinations *not* proved in combination. Drugs not proved together cannot help modifying and changing or interfering with the action of each other as given in their separate pathogeneses. That drugs may and do complement each other we do not deny.

This sometimes enables us, as Dr. Lippe used to say, to zig-zag to a cure cases for which the perfect similimum is not yet known.

Now to the third principle, the

MINIMUM DOSE.

There has been much bickering and strife over the question, "What is the minimum dose." One writer said: "The minimum dose is the dose just sufficient to cure, no more no less," and adds, "nobody ever claimed or can claim that it must mean the smallest infinitesimally conceivable dose."

This definition might be open to objection, for it would limit dosage to *curable* cases, whereas the minimum dose is just as possible to incurable cases for purposes of alleviation.

We do not *know* the *modus operandi* of drugs in curing disease. But we do know as well as anything can be known that, under the influence of remedies administered, health is restored to the sick. We also know that they must be properly administered. The drug capable of curing misapplied may kill instead of curing. This is a matter of experience and observation. Let us for a moment take a retrospective view of the

experiments of one of the best observers that ever lived.

“When Hahnemann first established the correctness of the homœopathic law of similars, he employed in his first experimental trials crude medicines in comparatively small doses; smaller than the common school of medicine were in the habit of prescribing; but he found that these comparatively small doses, when applied in accordance with the law of similars, caused such violent aggravations of the sufferings that he was compelled to seek for means to avoid this great difficulty. And for that reason only did he resort *at first* to what he then called ‘dilutions,’ or rather a mere division of quantities.”

This process of subdivisions, afterwards by succussion and trituration, led gradually to the other discovery, that by it powers hitherto unknown were discovered, and hence the term “potentization.” Instances of this kind abound. *Carbo veg.*, *Natrum mur.*, *Lycopodium*, *Silicea*, etc., are notable examples. Now we ask, what *potency* instead of dose shall we use? Now having come thus far, can we fix a limit to the dose or potency that must be low?

If I might presume to give a definition of the minimum dose I might say: "It is the dose, crude or potentized, capable of affecting the patient curatively, without unnecessary aggravation." I used to tell my classes in the college that he who confined himself to either the high or low preparations of remedies crippled himself from doing the best possible for his patients. We do not have to restrict ourselves in the matter of posology to the "demonstrable divisibility of matter," but can and should avail ourselves of the whole scale, from the crude drug to the highest of a Fincke, and abide the result according to the finest of all tests, the *physiological*.

So I have selected my cases for testimony from good observers and in all potencies. I have confined myself to one hundred cases, my own with them. I have written these cases out more fully than was done by Raue in his "Record," or Hoyne in his "Clinical Therapeutics," believing that to be a weak point with them; and besides these works are now out of print, and by those who are up to date in the work better cures are being made every day. Hundreds of cases more could be produced just as convincing to honest

investigators. There are some who will not believe "Moses and the prophets. Neither would they believe though one rose from the dead." We are not writing for such. Again, we have written of fifty-one remedies, and experience with them from twenty-five different physicians entitled to respectful hearing.

More men just as able, more cases just as good, and more remedies just as useful could be thus treated. They are scattered all through our journals, past and present, and are open to inspection for all who would know the truth.

Let them be multiplied, and Homœopathy as a school of medicine will stand or fall according to the faithfulness or unfaithfulness of its disciples.

DR. E. B. NASH.

Port Dickinson, Binghamton, N. Y.

TESTIMONY

APIS MEL.

October 27, 1877, was called in consultation with Dr. Gulick, at Watkins, N. Y. Found the place passing through a very severe epidemic of diphtheria. Every person that had been attacked, forty in number, had died, and four were lying dead that day. Every physician of all schools had lost one or more. The homœopathic physician to whom I was called in consultation, a man of age, ability and large experience, expressed himself thus: "Doctor, I am on my knees to anybody who can help me." One child had already died in the family to which I was called, and this second one was apparently well on the way to the same end.

DIPHTHERIA.

(1) CASE.—Girl, age 14 years, light hair, blue eyes, nervous temperament. Had been sick several days. Looking into the throat I found the tonsils and uvula greatly swollen; the tonsils so much so that the throat was almost completely closed and the uvula hanging (*very much elongated and looking like a bag of water*) down in

front of and against them. The whole throat presented a decidedly *œdematous appearance*. Both tonsils were patched with yellowish membrane, with a ring of the same around the *uvula*. Breath exceedingly offensive. There was stopping of the nose (the breathing could be heard across two large rooms), swallowing was almost impossible on account of the great pain, which streaked up into both ears; there was prostration, restlessness with *tossing* about, sleeplessness, pulse 130, skin *alternately hot and dry, and then perspiring profusely* (very characteristic of *Apis*). Here was a case in which one remedy was clearly and perfectly *indicated*. The doctor had used *Bell.*, *Merc. prot.* and other remedies which had served him well in previous epidemics. But they were of no use here for the simple reason that the two epidemics were not alike, and different remedies indicated. *Apis* 6th was given once in two hours, with the effect of reducing the pulse to 100 in six hours, and checking the progress of the whole disease at once, which improvement continued until complete recovery without sequelæ.

This was the remedy for the *genus epidemicus* and cured all cases in which it was used but one, which received it too late.

A case just across the road (in which home

one had also died) received the same remedy in the 200th dilution, and made a rapid recovery. Another case was attacked, and the good doctor, who I imagine felt a little chagrined because he had not found the then comparatively new remedy (*Apis*), came across the account of Dr. Von Villiers' success with *Mercurius cyanuret*, and showed it to the family, proposing to try that. They objected, saying that the other remedy had cured, why try a new one. But the doctor persisted, saying he would be responsible. Gave it and lost his case. He could never forgive himself, nor could the family. I relate this to impress upon all that no matter what success a remedy may have had in the past, the *indications* must be there or it cannot succeed. *Jahr* praised *Apis* in his "*Forty Years Practice*." Fetterhoff, of Pennsylvania, confirmed it in an epidemic there. • During this epidemic in Watkins the 6th, 30th and 200th dilutions were equally successful. No remedy has such rapid and intense oedema of the throat as *Apis*. *Kali bichromicum* has oedema of uvula, but the two remedies have not much in common. (Nash.)

TONSILLITIS.

(2) CASE.—Thursday, January 6, 1881, late in the evening I was called to see Mr. P——, aged 30. I found him suffering from tonsillitis,

the right tonsil being so swollen and sore as to make deglutition of solids impossible, and fluids almost so. The whole fauces looked red, and uvula was much swollen. He described the pains as stitching, especially on swallowing. I gave him *Hepar sulph.* 30th once in two hours. Calling the next morning I found he had had a restless night, and was feeling no better. Examination of the throat by daylight showed uvula looking like a sack of water, and he described the pain as "burning, stinging." I gave him *Apis mel.* 70 m. (Fincke), a few pellets dissolved in half a tumbler of water, two teaspoonfuls once in four hours. The next morning, January 7th, I found he had rested well all night, and had eaten breakfast without difficulty. He got *Sac. lac.* and resumed his business on Monday.

INFLAMMATION LABIA MAJORA.

(3) CASE 2.—A gentleman called on me to prescribe for his wife, who is very fleshy, and three or four years past the climacteric. She had a swelling of the left labium vaginæ, which he described as hard, hot and of a bluish red color. The side and the color determined the prescription, and she got *Lach.* 30th in water once in two hours. This was January 13th, 1881. On the 15th he reported not much change, except that it did not seem quite so hard, and she got *Lach.*

c.c. in water once in two hours. The 17th he reported that there was less soreness but more swelling, and the heat and color about the same. Gave *Lach.* c.m. once in four hours. Next day I saw the patient for the first time, and on examination found that the swelling was not, as I had supposed, phlegmonous; but, while it was enormous, it was puffy (œdematous) and very sore when sitting, with a *burning, stinging* pain. This decided a change to *Apis mel.* 70 m. in water, a dose once in four hours, which in two days ended the case. (Dr. Hawley.) Remarks. These two cases show that it is often possible, even with so good a prescriber as Dr. Hawley, to make a wrong prescription at first. The first case was not "sticking" pains as the patient described them, but stinging pains, and the œdematous appearance settled it. The second case was first prescribed for on "hearsay." Personal examination by the doctor showed the "naked truth" and the proper remedy cured. All busy physicians make just such mistakes and consequent failures, but when the right remedy gets in its work it never fails where a cure is possible. (N.)

TYPHOID FEVER.

(4) CASE.—I was called to see Master Curtis, aged 12 years. His brother, 14 years old, was

also sick in the same room. Both had typhoid fever. One brother, older still, had just died of typhoid hæmorrhage under eclectic treatment. The case, 14 years of age, took on the abdominal form of typhoid, and ran a comparatively mild course for two weeks. The abdomen was greatly distended, with much rumbling of flatulence, but no movement or diarrhœa. He was soporific, but when he did awaken, would *kick and scream and was violent and cross*, though not much delirium. For this condition he received *Lycopodium* 2 c. with prompt improvement, which continued until he was well.

The 12 year old boy, after the first week under various remedies, such as *Bryonia*, *Baptisia* c.c., grew rapidly worse until the following symptoms appeared and persisted:

For hours at a time in complete unconsciousness, his *head would spasmodically* jerk up from the pillow with a scream, and be twisted or carried around a semi-circle and drop down again. This would be followed by a profound *sopor, interrupted with piercing screams*. There was no movement of the bowels for over three weeks, and the urine was scanty, at one time for forty-eight hours none at all.

The abdomen was sunken in, hollowed out like a boat. The pupils were widely dilated, with not

the least reaction to strong light. The tongue was shrivelled, and so paralyzed that for ten days after consciousness returned not a word could be spoken. The first word he did speak was *Marw* (Ma), the next *pawidge* (porridge). The face during the intensely wild delirium and spasms was very red, and during the sopor pale. Here was a case in which two remedies seemed about equally indicated at *different times*, and they were used as Hahnemann used *Bryonia* and *Rhus* in his typhoid fever epidemic. *Stramonium* was used in the first described conditions, and when it changed *Apis mel.* was used. The patient made a perfect recovery under these two remedies so used. (Nash.)

REMARKS.—This is the only kind of alternation of remedies that can be defended from the standpoint of *Similia Similibus*.

I have had two other similar cases cured with the same remedies. In these cases the disease takes the cerebral form, and there is probably effusion into the meninges which is removed by *Apis*. (N.)

HYDROCEPHALUS,

(5) CASE.—A four-year-old son of German parents was given up by the attending physician as a case of hopeless *hydrocephalus*. When first seen the child was lying on its back, with eyes

wide open, extreme squinting, dilated pupils, rolling of eyeballs without winking. He gave no evidence of seeing when the fingers were thrust toward the eye; when pricked with a pin no sign of feeling; when water was put into his mouth no effort at swallowing was made. The left side had been entirely motionless for two days, but he moved the right arm and leg occasionally. He had passed no water for forty-eight hours. but the region of the bladder showed very slight distension. Drugs had produced no stool for several days. At the commencement of his illness he complained of pain in the occiput with *occasional sharp shrieks*. He had been blistered with *Cantharides* from the nape of the neck to the lumbar region two days previously, since which time he had passed no water, and given no evidence of seeing, hearing or feeling. *Apis* 30th. After five days he had so far recovered that he sat bolstered up in bed; he moved both sides of the body equally well, and his senses were restored. (W. P. Wesselhœft.)

These few cases show the undoubted action of *Apis mellifica*. It will act in high or low potencies according to susceptibility of the patient, its grand keynote indications being:

SUBJECTIVE.—*Burning, stinging pains*, especially in skin, mucous and serous membranes.

OBJECTIVE.—*Œdema* and *dropsies*, local or general.

MODALITIES.—*Great tenderness to touch or contact.* Amelioration from *cold applications* or *cold air*.

Sopor with sudden, sharp, shrill screams.

Dropsies without thirst.

Right ovarian affections (left, *Lach*,).

Skin alternately dry and perspiring.

(See Leaders in Hom. Therapeutics.)

AURUM METALLICUM.

In the month of February, 1906, I was requested by a noted specialist to see a case in consultation of frontal sinus abscess. He said that he had operated on it, but the sore would not heal, and hoped that something might be done to promote the healing process.

ABSCESS OF FRONTAL SINUS.

(6) CASE.—Mrs. A. J. L., age 61 years, spare, dark olive-brown complexion, sallow. Abscess of frontal sinus; has been operated. Nodes or swellings in periosteum (knees, shin and clavicle), small joints enlarged. These swellings are painful, sensitive and very hot to touch. Has taken *much Mercury*. Bowels very constipated; little black balls like sheep dung. Oppressive choking

sensation, wants to take a *long breath frequently*. Weeps much; is very melancholy; thinks she ought to die and get out of the way, is no good and never will be.

Taking into account these things, first, chronic poisoning with *mercury*; second, the location of the caries (nasofrontal); third, the depression of mind, we advised *Aurum met.*, six powders of the 200th (B. & T.) to be taken dry on the tongue one week apart. The following letter will show the result:

E. B. NASH, M. D.

My Dear Doctor: I am Dr. P——'s frontal sinus patient that you visited at the Ophthalmic Hospital in New York in February. For eighteen months the left frontal sinus had been open, and every other day was treated. What I suffered words cannot tell. That tube had to be taken out and replaced, and I could not take cocaine or anæsthetics, so I had to just grin and bear it; but the tissue would not form; the wound would not heal. In January I again went to both Dr. P—— and Dr. M——; told me there was no hope for me unless I submitted to a dreadful operation that would disfigure me for life. This I refused, and when you came to see me I was *in* the depths of despair. You prescribed, and now, in six weeks, the sinus is filled up, the

wound is healed, and to-day I am without a patch. I have only taken six powders. It seems a miracle to me. I had given up hope. I am not nearly so nervous; have only had two nightmares since taking the medicine (and I used to waken the household every few nights). My constipation is better, but not what it should be. The little black sheep marbles have disappeared; the discharge is now light colored, slender, choppy or broken off looking; not every day. Every little exertion makes me break out in profuse perspiration, but I am stronger than I was when you saw me, and I believe if you could take me in hand I might be a good deal better.

Sincerely yours,

MRS. F. H. L.

This case is interesting in all ways, but I wish to call attention particularly to the potency used. So many think that gold and the other metals cannot be potentized above demonstrable divisibility of matter. I shall have occasion to show differently in my report of cases further on. (Nash.)

RHEUMATISM.

(7) CASE.—A boy of thirteen, becoming overheated while roller skating, sat down on a curb stone to cool off. A severe cold resulted with general aching; next rheumatism of knees and

ankles developed; worse on motion. Next day it had left the legs and attacked the shoulders and arms. From that point it flew back to the feet, which began to swell. He had received *Bryonia*, *Lachnantes*, *Ledum*, etc., according to the symptoms; but at this point I was confined myself to my home for some days, and had to rely upon the reports of his parents, which were vague and indefinite. They now reported that while the feet continued to swell, the rheumatism was gone, but that now he had pain in his chest; it hurt him to breathe, was impossible for him to take a long breath. I gave *Bryonia*, then *Cimicifuga* upon their representation, without good result; the boy grew worse. On the sixth day the mother reported that the boy was so weak that he could scarcely speak. I cross-questioned her very closely. Among other things asked, lying upon which side was the pain worse? "O," exclaimed the poor, stupid woman, "I forgot to tell you, he can't lie down at all. He hasn't lain down for five nights. We have him in a Morris chair. He sits bent forward all night with his head resting in chin strap made of towels." A light broke upon me. Then I knew it was no pleurisy I had to deal with, but rheumatism of the heart. I hastened to his home. As I entered the room I was shocked at the pitiful change in the child

since I had seen him six days before. The labored gasps for breath could be heard outside the door, the little figure sat bent forward in the Morris chair, face blue, cyanotic, swollen, feet and ankles swollen as big as watermelons; but the thing that struck me most as I entered was the terrific visible throbbing of the carotids, which could be seen across the room. It was with great difficulty that I could examine his heart; he could not endure the least touch, and at each attempt gasped, "O, doctor, give me a little more time." I finally made out a muffled, tumultuous heart sound, as if beating under water. The temperature was 103° , yet there was a great deal of perspiration, urine very scant, no thirst, no appetite. He had only slept short naps for many nights. I feared the boy was dying. There was a time when I would have treated the heart symptoms with *Aconite* or *Kalmia*, and the dropsy with *Apocynum*, and what not, and so zig-zagged a slow cure or a speedy death. But fortunately I knew better now. I knew that every one of these symptoms are summed up under one remedy, and covers every point exactly. I gave *Aurum* 10x, dose to be given every three hours. I never saw a more brilliant cure. The first dose was 7 P. M. I requested that they phone me at 11 P. M. that night. At 11 the message came,

"Louis is in a drenching perspiration, he has urinated quantities, and his breathing is less labored." At 8 o'clock the next morning they phoned that he had slept peacefully most of the night, though still in his upright position with chin-strap. That night he could recline in the chair, and the next he could lie down in bed. The urine continued in unbelievable quantities, the perspiration rained from him, and the swelling promptly disappeared. You see what a profound element gold is when homœopathically indicated. The lad made a rapid and complete recovery with no other medication. He received it first in the 10x, then I rose to the 30th, then to 200th, on which I kept him until the poor damaged little heart was quite normal again. You will recall that every one of the above symptoms are recorded by Hering and Hahnemann in these words:

"Rheumatism which jumps from joint to joint and finally fastens upon the heart. Impossible to lie down. Must sit up bent forward."

"Visible throbbing of carotids."

"Face cyanotic, gasps for breath, can hardly speak above a whisper."

"Much perspiration, as in auric fever."

"Swelling of feet and limbs."

Does that not picture the little boy just described? (Rauterberg.)

REMARKS.—I should say it does, and free to add that it is one of the best cures in homœopathic literature. No routinist or pathological hobby rider would have ever thought of the remedy. Any man who could not be convinced of the truth of Homœopathy by a few such cures is, as Artemus Ward used to say, "*A obtoose.*" (N.)

MELANCHOLIA.

(8) CASE.—Mrs. E. D., age 81, came to me March 20, 1906, with the following history: Her husband had died suddenly January, 1906, and she had been brooding over it ever since. Sad, tearful, restless, sleepless, moaning, sighing, great sorrow and grief, oppression of the chest in cardiac region aggravated by grief and motion. The stethoscope reveals aortic regurgitation. Lower legs slightly œdematous, sanguine temperament, very lively before, now despondent and indifferent to surroundings. *Ignatia* 1m. March 24th, oppression of the chest the same as before; speaks of death; would like to be with her husband; gloominess of mind. *Aurum* 50m. Within a week after taking *Aurum* the patient became more "sensible and reasonable." The oppression of the chest and œdema vanished. Patient is now well and can walk as well as any woman forty years old.

Here we see the similarity between *Ignatia* and

Aurum; the latter is complementary to the former. Still *Ignatia* was not the case remedy. The unphilosophical mind of *Ignatia* is not like that of *Aurum*. Will the "pathological homœopath" tell us if the remedy and the dose were in conformity with the cellular derangement in the case? And what changes were there present in her brain cells to cause her to be temporarily insane? And how much gold is to be found in *Aurum* 50m. (R. Del Mas, M. D.)

LYCOPODIUM.

DIPHTHERIA.

(9) CASE.—F. Luce, aged ten years, light complexion, hair and blue eyes. Taken first with a chill followed by high fever. There was severe headache and pains in back and limbs. Pulse 140. Throat hurts when he swallows. Examination of throat reveals *right tonsil* much swollen and covered with thick yellowish membrane. The left tonsil just beginning to enlarge; very offensive breath. *Nose so stuffed* up that he cannot breathe with mouth closed. Disease seemed to *commence in the nose* and go down. Very restless, having only short naps at a time, when patient awakes, *kicking and crying and very cross*. With these symptoms there could be only one ap-

propriate' remedy. *R. Lycopodium* c.c. in solution, a spoonful once in two hours until the child rested better, then at longer intervals.

Next day the fever was less, patient slept better and longer at a time, and the formation of membrane seemed checked. For two days following the case seemed to progress favorably, when the child was carried into an adjoining room (the kitchen) where the doors were often open. This was on the morning of the fourth day. In the afternoon a hoarse, croupy cough appeared, and continued to grow rapidly worse until 9 P. M., when I was sent for. Found the child sitting upright in the father's arms, bent forward, the only position in which it could breathe with any degree of comfort. Breathing extremely difficult and wheezing. Frequent croupy cough and paroxysms of suffocation. There was now, also, a profuse, watery or rather stringy mucous discharge from the nose with very watery eyes. No extension of membrane in sight, but the formation is evidently gone down into the larynx.

R. Kali bich. 30 in solution, once an hour, until amelioration, then at lengthened intervals.

Improvement was manifest before midnight, and the case went on to recovery with no change of medicine except a few doses of *Causticum* 200 to recover an inability to speak loud. *Lycop.*

would have cured this case "but for the exposure."

My own little girl, æt. five years, was taken with about the same symptoms, except that the nasal symptoms in the beginning were more intense. A large piece of membrane forming high up in the posterior nares and hanging down an inch in sight. The right tonsil was greatly swollen and covered with membrane. She was cured by *Lycopodium* 6m (Jenichen), no other remedy being needed. The large piece of membrane (postnasal) came off entire on the third day during her sleep, so choking her that her mother snatched her from the cradle to prevent her choking to death. She turned the child immediately upon her face, but the membrane was swallowed. There were no laryngeal symptoms in this case. (Nash.)

REMARKS.—I have cured several similar cases besides, some of them even more severe than these, but will not take the space to report them here, but will corroborate them with cures by others. (N.)

DIPHTHERIA.

(10) CASE.—Miss A., æt. 10, patches of membrane on right tonsil, of a dirty white color. *Stoppage of the nose, is unable to breathe through it; headache, high fever; aching of the whole*

body. *Lycop.* 6m, one dose cured. (Goodno, Philadelphia.)

DIPHTHERIA.

(11) CASE.—Master H., æt. 7. Membrane of a grayish color developed from *right to left*; *stoppage of nose with excoriating coryza, is unable to breathe through it*; lies with mouth open and tongue protruding; headache in right side of head; constipation; fever; *all symptoms worse about 4 P. M.* *Lycopodium* c.c. one dose cured. (Goodno.)

REMARKS.—Here are four cases of diphtheria with well known indications, cured by *Lycopodium* in potency. I could give many more of my own as well as of others.

COUGH.

(12) CASE.—Cough from bronchial irritation. K., aged fourteen, remarkably feeble and lean and of weak muscular development, but of sensitive mind and excellent intellect, whose mother died of consumption, has coughed for more than a week, dry and hoarse, day and night, coughs also in his sleep; then violent dry cough in the mornings; great emaciation; auscultation and percussion elicit no signs of serious lesion of the lungs; respiration and action of heart abnormally rapid from nervous excitement. *Lycopod.* 200,

two doses produced immediate improvement, and subsequent rapid recovery. The same symptoms were corroborated soon after by another case (dry cough day and night in feeble, emaciated boy). (C. Wesselhoeft.)

DYSPEPSIA.

(13) CASE.—A mason, temperament nervobilious; for the last year has had *dyspepsia*. For two hours after eating spits up his food, but it is not acid. A few mouthfuls of food seems to *fill* him to the throat. Stomach bloats a great deal with flatus, which gives him much distress. Bowels constipated. Has much dull frontal headache. Has taken much cathartic medicine, which does no good. In this case every symptom except the last one is a most prominent characteristic of *Lycopodium* in its whole pathogenesis. One prescription of the 30th made a perfect cure. (Burt.)

REMARKS.—Many more cases might be given of this wonderful remedy of which the old school of medicine knows almost nothing, but this is not our object in this work. We only give a few under each remedy. In my lectures on *materia medica* in New York, after going over the remedy in detail, I give at the end a sort of resume of seven most prominent symptoms around which the whole drug revolved. This was the one for *Lycopodium*:

1. Spare, thin faced, furrowed or wrinkled, dark, sallow persons.

2. Much flatulence, most in lower abdomen, with much rumbling of wind, mostly pressing downward.

3. Uric acid diathesis, red sand in clear urine.

4. Right-sided complaints, which often go over to the left.

5. Satiety or hunger, but fills up quickly and bloats after eating.

6. Worse from 4 to 8 P. M. (the grand characteristic).

7. Mind irritable, angry or depressed, weeping or stupid; impending paresis.

I might add here if I had not confined myself to seven:

1. Uncovering >. (*Silic.* reverse.)

2. > by warm drinks.

3. Suddenness (flashes, pains, satiety).

4. Hand clutching entrails (sensation).

5. Restlessness > by motion (*Rhus*).

6. Right foot hot, left cold.

7. Burning pains > by heat (scapular, breasts).

8. Dryness of parts (mucous membranes vagina, skin, especially palms).

SULPHUR.

SUPPRESSED MENSTRUATION.

(14) CASE.—Emma G., aged about 30 years. Has been an invalid for years, under the care of an allopathic gynæcologist, who treated her for ulceration of the cervix. He had succeeded in healing the ulcers by local cauterizations, etc., but the canal had become so narrow that for a year he had been obliged to introduce a catheter to draw off the menstrual fluid. Finally it became so closed that he could not introduce the instrument at all. Then the patient passed another year having great pain and fullness in the uterine region at every period, which confined her to the bed for days, but no appearance of the menses. I was called to the case and prescribed *Pulsatilla* routinely. Visited her when she was due the next month. Found her suffering as usual, and no relief in any way from the remedy.

Then I sat down and wrote out her case *in toto*.

I found a history decidedly scrofulous or psoric, and among a quite long list of symptoms the following:

Frequent *flashes of heat all over the body followed by sweat and debility*.

Much burning of the feet, has to put them out of bed.

Weak, faint spells, especially in the forenoon.

These with the psoric history decided the prescription.

I gave her *Sulphur* c.m. (Fincke), a powder, dry on the tongue, once a week (*Sac. lac.* in solution between), with a promise that I would come up the next time when she was due, and if, she was no better would make an examination. So when the time came I took my wife and went up prepared to do so.

Found the patient instead of upstairs in her bed as usual down in the parlor entertaining some lady friends who were calling.

She came out where we were, and I said, How about that examination? Oh, said she, I am so glad it is not necessary. I am menstruating perfectly easy, and feel so well. She never failed afterward to menstruate regularly, and was restored to perfect health. (Nash.)

REMARKS.—It will be observed that the symptoms leading to this wonderful cure were not local but general, thus verifying the truth of what Charles G. Raue used to say: “That the symptoms leading to the choice of the remedy sometimes lie entirely outside of those which go to make the pathology of the case.

Gonorrhœal strictures have been cured the same way where the general symptoms correspond with the remedy. (N.)

(15) CASE.—Mrs. W., age 25 years, married, and has two children; the last was born fifteen months before I saw her, from which time she has suffered from profuse yellow leucorrhœa with violent pruritus vulvæ; worse at night. She has at the same time great bearing down of the womb, perfectly incapacitating her from *standing or walking* or doing her household duties, such as ironing and washing.

Most violent chronic headaches, of a throbbing and tensive character, and arising from the least worry or fatigue, with habitual constipation. Has been under allopathic treatment two years without benefit. The keynotes to the cure were as follows: *Heat and pressure on vertex*; throbbing and tension; headaches more or less constant and worse before the menses; worried by trifles, and memory impaired. *Flushing of face*; *fainting spells without cause*; *sinking, empty, exhausted, craving for food*; *worse at eleven o'clock in the forenoon*; intense icy cold feet; worse when *the head is bad*.

Sulphur, one millionth potency (Boericke), in one dose of five pellets, cured permanently every symptom, constipation, leucorrhœa and sensation of prolapsus included and without repetition. (Skinner.) The italics are mine. (N.)

DIARRHŒA.

(16) CASE.—I., aged 12 months, had had diarrhœa for nearly a month. Her flesh was soft and flabby; *open fontanelles*; tongue coated white at the back. She was *thirsty* and drank a good deal of milk and water. The diarrhœa was *worse in the morning*, beginning about 4 A. M., continuing more or less until the afternoon. It was dark yellow, watery, occasionally *greenish white mucus*, coming with a gush early in the morning, almost involuntarily during the day when *standing*. Child cried a little before bowels were moved. There was also a cough, worse on lying down at night, sometimes causing her to vomit; *child slept with eyes only half closed*.

The patient's *appearance* suggested *Calc. carb.*, which was prescribed; no benefit resulting, *Sulphur* 6 was given; the italicized symptoms being very characteristic of the drug. The diarrhœa ceased, and her health greatly improved in a few days; no other remedy being needed. (A. E. Hawkes.)

REMARKS.—This case shows that the symptoms *may indicate* some other remedy in an apparently *Calc. carb.* temperament. But generally the temperament will correspond with the symptoms. (N.)

CHOREA.

(17) CASE.—Chorea of eight years' standing, affecting right side only excepting the face, all the muscles of which were affected. *Ign.* and *Caust.* failed. *Sepia* 55,000 and 100,000 relieved for a few days each, but *Sulph.* 6,000 given on account of "weak, faint, hungry spells" about 10 A. M. was followed by immediate improvement. (Goodno.)

DEAFNESS.

(18) CASE.—Mrs. A., age forty-nine, deaf in right ear for twenty years, in left ear for five years. Hears no conversation except upon a high key, and that only when very near. Sensation of heavy pressure and *heat at the vertex*, extending to both ears with soreness of the brain. *Soles burn at night*, *hot flushes on the face followed by cold sweat*; constipation, *faintness* at 10 or 11 A. M. *Sulphur* 300 for twelve days, with but little improvement. *Sulphur* 6,000 was followed by restoration of left ear and relief from soreness and pressure at the vertex. The hearing in the right ear was slowly restored. (Hoyne.)

METRORRHAGIA.

(19) CASE.—Was called to visit Mrs. ———, æt. fifty-two, June 6, 1879. Found she had been

suffering from metrorrhagia, constipation and concomitants for about ten years. She stated that her medical adviser had always been an allopath. He who last attended her, after a protracted and unsuccessful trial of his individual skill, had accompanied her to New York to consult a now emeritus professor of surgery of an allopathic medical college, who had made for himself an enviable reputation as an operating surgeon. The emeritus professor, after obtaining a history of the case and making his examinations, endeavored to console the lady by informing her that *his* wife was in about the same condition as herself; that he sent her to this retreat and that watering place, all of which resulted in little if any benefit; and intimated that she might, if she thought well of it, do the same.

She concluded not to think well of it, and so returned as she went, like the door upon its hinges, unprofited.

Her physician, after an attendance of several years, during which his patient became gradually worse, abandoned the case. She had the assurance, however, to inform me that if he had only persevered in his attendance she supposed he would have relieved her.

She gave me to understand, moreover, that it was at the instance of some of her friends that

I had been called, and not because she had any confidence in Homœopathy.

Her metrorrhagia, which had been exceedingly prostrating and annoying in many ways from its incipency, had continued constantly for the last six months with the exception of two weeks, and was of a passive or active character, accompanied by very little pain.

At times it consisted of a slight oozing, the discharge presenting a dark appearance; at others it passed in considerable gushes, and was of a bright red color, with very few clots.

To procure alvine evacuations, it was her custom to resort to enemata or cathartics. She complained bitterly of painful hæmorrhoids. Her general appearance was bloated, and her extremities œdematous. She had an annoying bearing-down sensation, especially when *on the feet*, so that she moved about with difficulty. She had occasional stitches from right to left, across the epigastrium, and was quite sensitive to a jolt or jar.

The symptoms which led to the selection of the *similimum* were the following: *Frequent hot flushes to the face; feet habitually cold or burning soles.* (Feet so cold she must sit with them in the oven of the kitchen stove, or soles so hot at night that she must put them from under the

bedcovers to cool them.) *Heat in the vertex. An empty, faint sensation at the epigastrium about 11 A. M., rendering it necessary to partake of some food. Unable to lie on the left side or back; must lie on the right side.* (Lying on the left side was followed by intolerable unrest, on the back by nightmare.) *Drinks much, eats little.*

During treatment the importance of keeping quiet was not enjoined upon the patient, but she was allowed to exert herself in any way she deemed proper, nor was she restricted in the least in regard to her diet.

A few pellets of *Sulph. m.m.* were given her dry on the tongue, June 6, 1879, and the dose was not repeated nor any other remedy given for four months. As she had been subjected for many years to allopathic dosing, she was provided with the usual placebo, with direction to take three pellets at night if she felt that she needed them. She was also directed to call me at any time if warranted by any change in her symptoms. On the 6th of October, 1879, being in the immediate vicinity of her residence, I called on my patient to ascertain particulars, having heard, incidentally only, that she was better. She soon presented herself, exhibiting an appearance very different from that of four months previously. Her first exclamation was, "Under God I am indebted to

you for my restoration to health." She further stated, "A week after commencing the medicine the hæmorrhage ceased, and has not returned. At the time the hæmorrhage disappeared my bowels became regular in their evacuations, and have remained so. My painful hæmorrhoids have ceased to exist. At my monthly periods I menstruate normally for two or three days." I inquired, "What about your other symptoms?" She replied, "Oh, the hot flushes to my face, my cold feet or burning soles, the all-gone feeling at the stomach about 11 o'clock A. M., the inability to lie on the left side or back, the disposition to drink frequently and largely, and not being able to eat much have all disappeared, and I really feel as if I could not be sufficiently grateful." (L. Shafer, M. D.)

CHRONIC URETHRITIS.

(20) CASE.—Mrs. S——, a married woman of fifty years of age, of light complexion, blue eyes, auburn hair. A nervous sort of body, complained for nearly six months as follows:

Frequent micturition day and night. Urine passed in small quantities—about a large spoonful at once—with urgency before, pain, smarting, burning, scalding, after each passage. There was a sensation of pressure upon the bladder also.

The above were all the symptoms she gave, all I could get, at the time.

The above condition was distressing and kept her from church and social gatherings.

Without any comparison of remedies, for such condition, I gave *Cantharis* 200, which gave some relief, but only that.

At the third call, I questioned her more closely and found she had, in addition to the foregoing symptoms, the following: Had much prurigo of labia, groins, upper part of thighs: the itching being so intense she wore out her clothing rubbing and scratching the parts.

The labia vestibulum, meatus urinarius and otium vaginae, together with the adjacent skin, were inflamed and the labia majora dry and cracked. All these areas were subject to attacks of intense itching, burning and smarting upon scratching, daily. *She was subject to frequent flushes of heat with redness of face, followed by slight perspiration. Got chilly easily and warm as easily. Heat and work aggravated her symptoms. Had considerable thirst; and less hunger. Often had burning of feet, both day and night; worse nights.*

She had used all sorts of medicines, salves and ointments, hot and cold water, but only to repel the local irritation from time to time. This is what had been done, just prior to the time she first called on me, and this accounted for the

paucity of symptoms given at first and second call. On the basis of the last symptoms, I gave her *Sulphur* 500, three doses, and a subsequent prescription of *Sac. lac.* At the end of a week she was materially better, and from that time to this she had no more trouble. The *Sulphur* was given Feb. 22, 1890. (Stow.)

REMARKS.—Here are six cases, illustrating the curative action of this great polychrest and antipsoric. A large book might be written in the same way, with a hundred able and scientific physicians adding corroborative testimony. We cannot give the time and space, but will refer the reader to my monograph on “Sulphur and Comparisons,” where I have endeavored to give a more full account of the remedy. (It is published by Boericke & Tafel.)

BAPTISIA TINCTORIA.

Reading in Kent's *Materia Medica* his very good description of the sore and ulcerated condition of the mucous membranes generally of *Baptisia*, my mind reverted to a case which came under my care while in New York giving my annual course of lectures. A physician was taken ill and sent for me.

THREATENED TYPHOID FEVER.

(21) CASE.—I found that for weeks he had been under the pressure of more than usual amount of business, been complaining of general lassitude: a tired feeling from which he could not get rested. When I called he had taken to his bed, and now there was superadded a headache, general aching and restlessness, temperature of 103° and pulse quickened correspondingly. Thinking I had a case of La Grippe on hand, and that these symptoms pointed so far as clearly to *Gelsemium* as I could judge, it was given. But the next day there was no improvement apparent and he complained of his mouth feeling sore. There was some dryness of the tongue, but not much; while the buccal cavity seemed sore and inclined to be slimy. There was not much thirst. Another symptom now came out in great prominence, viz.: great desire for cold air, especially when lying down; must be propped up in bed, and, although it was cold winter weather, they had to leave the windows wide open. He wanted the wind right in his face. The nurse had to wear her wraps, as though out of doors.

Now *Pulsatilla* was given with confidence, but brought no relief, and the mouth and breath had become horribly offensive from the ulcerated con-

dition that had developed. There was no cough and the respiratory murmur was distinct in the lungs. The urine was dark and offensive, but there was no trouble with the abdomen or bowels as yet. Still thinking the *Pulsatilla* ought to be good I interpolated a dose of *Sulphur* and continued it (the *Puls.*) a day longer. The mouth made me think of *Baptisia* and then I called to mind that in the old provings of Burt that oppression of breathing was *markedly present* in the case of Dr. J. S. Douglas (the prover).

I went down into the office and read it in Allen's Encyclopædia of Pure Materia Medica" as follows: "*Awoke with great difficulty of breathing, the lungs felt tight and compressed. Could not get a full breath; felt obliged to open the window to get his face to fresh air. . . .* (Symptom 232. Again, Symp. 234.) On lying down difficulty of breathing, in half an hour becoming so great that he was obliged to rise, etc."

That looked so like my patient; and the condition of the mouth, prostration, etc., corresponding, I gave *Baptisia* 200th in water (Alpha Sigma preparation).

The effect was magical. The breathing became easy and all the other symptoms promptly subsided without any other medicine. Of course, it took some days to recover from the weakness.

The above symptoms quoted from Allen are starred. So it seems that some one else had already verified them, though this was the first time I had done so. What is the lesson?

1st. That this symptom is again verified.

2d. That although only one out of twelve provers had recorded it, it was *genuine* and the clinical test proved it.

Our *Materia Medica* has often been called a mass of rubbish by those who have no patience nor skill in using it. While it is undoubtedly true that there are many symptoms there that are not reliable, we shall never know which they are until clinical experimentation settles it.

Hering called *Agaricus*, *Lycopodium* and *Thuja* "over proved drugs." I am not so sure of it; and many years with *Lycopodium* has gone far to convince me to the contrary.

Now proving and re-proving is the cry of many in our school, and while I would not offer one objection to this, I would suggest that the work of *verification* of provings already made, or partly made, go on with redoubled diligence, for I have in difficult cases repeatedly found among the symptoms not as yet verified in our *Materia Medica* the key to the remedy for the whole case. (Nash.)

STOMACACE.

(22) CASE.—Nov. 8, was called to see a child 5 years old, suffering from sore mouth. The roof of the mouth and the tongue were covered with small ulcers. An abundance of saliva flowed from the mouth, the tongue was covered over with a thick white exceedingly moist coat, the edges being red. Breath fetid. I gave *Mercurius* and waited five days. At the end of this time I could see no perceptible improvement. I therefore studied the case anew. In *Hering's Condensed Materia Medica*, under *Baptisia*, I found the following symptoms, all of which agreed with the patient's condition:

Putrid ulceration of buccal cavity with salivation, well developed ulcers.

Gums loose, flabby, dark red and fetid.

Fauces dark red; putrid ulcers, can swallow liquids only.

Tongue white, with red papillæ, the edges red and shining.

I gave *Baptisia* 1m, and in three days the whole trouble had disappeared. (W. M. James.)

PNEUMONIA.

(23) CASE.—Mr. B. has been feeling poorly for two or three days. This morning he had a

severe chill. I was called at 5 P. M. I find the following symptoms:

Aching in the muscles and bones; aching from head to foot; bed as hard as a board; "*pillow hard as a rock.*"

Coughing large quantities of rusty sputa; stitching pain in left chest, has to hold his chest with his hands (*Bry., Mer.*), *fan-like motion of alæ nasi* (*Phos., Lyc.*).

Stupid and sleepy, could hardly keep awake; total loss of appetite; very thirsty for large drinks of water; cough worse at night; several stools per day—very offensive; wanted to keep very still, as the least movement aggravated his cough and pain in the chest (*Bry.*).

Temp. first evening, 101° ; pulse, 110; respiration, 32.

The second evening, temp., 103° ; pulse, 120; resp., 40.

Third day, eight A. M., temp., 99° ; pulse, 88; resp., 28.

Baptisia 8 m.m. (Swan); needed no other medicine. (Sherbin.)

REMARKS.—I wish we had time and space to report more cures of my own and others with this most wonderful remedy. I do not know of many remedies with such a short proving that are more reliable. Surely this is not an over-proved

remedy. I believe we do not yet know half its virtues. (N.)

GRAPHITES.

ECZEMA.

(24) CASE.—1876, May 1st. A young lady, daughter of a deceased homœopathic physician, discovered *pediculi capitis* three weeks ago, with itching of the head, which became sore, probably from scratching. Now there are scabs on lower occiput, gradually extending up the head; they discharge a *yellow glutinous, very offensive fluid, causing hairs to adhere*. Cervical glands swollen and tender to touch, on and off, for three weeks. Pale and weak. Has taken *Sulph. 6* and *Acon. 6*, which only improved for a time.

DIAGNOSIS OF THE REMEDY.—Scabs on head moist. *Anath.*, *Graph.* (*Lyc.*), (*Psor.*), *Rhus*, *Ruta* (*Sars.*), *Staph.* (*Sul.*).

Scabs on head fetid. *Graph.* (*Lyc.*), (*Merc.*), *Nat. mur.*, *Rhus* (*Silic.*), (*Sulph.*)

Hair entangled. *Borax*, *Fluor. ac.*, *Graph.*, *Mez.*, *Nat. m.*, *Psor.* (*Sars.*), *Vinca*.

Pediculi capitis. (*Lach.*). *Magnet.*, *Mez.*, *Oleand.*, *Sabad.*, *Staph.*, *Vinca*.

Glutinous fluid forming scabs, *Graph.* Thus *Graph.* proved to be the *Simillimum*, and a dose of 14m (Fincke) was given three times a day.

May 6th. Scabs increased, and have reached the vertex, but feels much stronger. Glands not now tender. Boil on nates discharges much. Continue *Graphites*.

May 10th. Much better since 7th; no discharge for two days, no offensive smell, and hair does not adhere. Continue *Graph.* twice a day.

May 19th. Scabs dry. Hairs adhere very little. Itching in head. Pediculi have continued all along. Boils much better. Continue *Graph.*

May 23d. Felt better generally for three days. Less itching. No discharge except from scratching. Only one pediculi found today. Only one large boil on thigh. Continue *Graph.*

July 8th. Continued medicine until about three weeks ago, and has been steadily improving. Only *occasionally* a pediculi discovered. No scales for three weeks; only a *little* scurfy. Hair does not fall off, and has not had to have it cut off. *Feels better than she did before the eruption.* No more medicine.

Aug. 28th. Reports *perfectly well.*

Nov. 18th. Remained well till about six weeks ago, when she had a slight return, for which she took a trituration of *Graph.* on her own account, with success.

1879, Feb. No return of symptoms. She considers that her general health has been better than before the eruption.

COMMENTS.—(1) This case bears upon the repetition of the dose. The patient was suffering from depressing external conditions; these often thwart the curative action of the remedy, which then requires to be continued a longer time.

(2) After the eruption was healed the patient felt better than before. The psoric miasm is often *focussed*, as it were, into an acute attack, and if this is treated by the appropriate anti-psoric the health is *permanently* improved.

(3) After the *Graph.* was commenced, the patient *felt much stronger*, though the scabs were increasing. This was a sign of true improvement (see *Organon*, section 253); the increase of the eruption resulting from the endeavor of the *vis medicatrix naturæ*, aided by the remedy, to drive the miasm to the surface.

(4) As far as I am aware, the development of *pediculi capitis* has not been recorded under *Graph.* I am now successfully treating by correspondence, with a still higher potency of *Graph.*, an *awful* case of the same disease; the characteristic indications being, as in the above case, *scabs moist; discharging offensive fluid, causing hairs to adhere, with pediculi.* (Berridge.)

SUPPRESSED ECZEMA.

(25) CASE.—A child three years of age had *eczema capitis*. Under allopathic local treatment

the eczema disappeared; but soon enterocolitis of a very obstinate character set in. Then the regulars could not "do" that as they had the eczema, and after they had given up the case, pronouncing it consumption of the bowels, the homœopath (myself) was called in on the ground that he could do no harm, if he could do no good. Child greatly emaciated, little or no appetite, very restless, and "*stools brown fluid mixed with undigested substances and of an intolerable fetid odor.*" Taking into the account the history of the suppressed eczema, I prescribed *Graphites* 6m (Jenichen) and in a short time a perfect cure was the result. (Nash.)

REMARKS.—*Psorinum* has a similar stool as was present in this case, but the eruptions of the two remedies are different, and this one corresponded to *Graphites*.

If this case of so long standing had not had the eruption I might have thought of *China* on account of the extreme weakness from long continued drain or loss of fluid, for *China* is another remedy that has *brown fetid loose stools*. So one must take in *the whole case*, psora and all. (N.)

See my "Leaders in Homœopathic Therapeutics" for another case of eczema of the legs cured by *Sulph.* followed by *Graphites*. (N.)

It will be remembered that with *Sulphur* all the orifices are red. With *Graphites* they are:

1. Eczematous, eruptive or fissured.
2. The eruptions are moist, with thick glutinous discharge.
3. Obese persons are its true subjects.

These three characteristics present, it will cure many different affections.

PULSATILLA.

RHEUMATISM.

(26) CASE.—I was called to see a man with rheumatism. He had been confined to his bed and arm chair for many months, and had suffered greatly from the disease and many doctors. Had not tried homœopathy, for there was “nothing in it.” I found joints swollen (hands, feet, knees, body). The affection had continued all the time to move from joint to joint since he was attacked.

Heat did not > but <.

Tongue coated white, poor appetite, no thirst.

Very greatly discouraged, depressed.

Temperament, fair; mild disposition.

There were other symptoms, but these were leading. He received *Pulsatilla* c.m. (Fincke.) He improved promptly, but in a few days sent

for me. He showed me a discharge from the urethra that looked gonorrhœal in character. That was in the days of long ago, when we did not know so much about bacteriology. He said that his wife had given it to him, for he had, as everybody knew, not been able to get away from home. The wife indignantly denied the imputation. Both looked to me for a solution of the mystery. I said to him—did you ever have clap before? He hesitated under the scrutiny of the flashing eyes of his wife. Then said: Yes, I did when I was a young man, before I was married. I said your rheumatism is improving since this discharge appeared. Yes. How were you cured of the clap? By an injection. Well, then, I said, neither you nor your wife are guilty of inconstancy toward each other. This rheumatism, from which you are now suffering is the result of that suppressed gonorrhœa of twenty years ago, and you will get well of both under the action of appropriate medication. But no more local injections, please. He recovered rapidly. I have seen other cases similar from such suppressions and am careful not to resort to them. I did not know of the history of gonorrhœa in the case, but treated it on the symptomatic indications. (Nash.)

NEURALGIA.

(27) CASE.—Mrs. G., age 35, a farmer's wife, called to get some medicine for neuralgia, stating that the whole right side of the head was involved. The pains would come and go gradually at very irregular periods, shoot into the ear along the side of the neck and under the eye, and were always made worse by putting anything cold in the mouth. To the question if the pain was relieved by putting anything warm in the mouth, she answered: "Oh, no; that makes it a great deal worse." The pains, although mostly confined to the right side of the face, were moving about frequently, often after leaving the head appearing in the left leg or heel; she was always chilly, easily moved to tears, and felt decidedly better in the open air. I gave her *Pulsatilla* 30, two powders, to dissolve one in four teaspoonfuls of water, and take one every two hours. The neuralgia was cured with the first powder and remained so; she had no need of the second. (F. H. Lutze.)

NEURALGIA.

(28) CASE.—Mr. M., aged 35, dark skin, black hair, bilious temperament. Had an attack of la grippe, followed by what his physicians (of whom he had five, four allopaths and one eclectic) call-

ed cerebro-spinal meningitis, with its complications. For six weeks they had been bombarding the enemy without relief. He told me his drug bill aside from his doctors' bill was \$35. By some mysterious Providence he was moved to call me.

SYMPTOMS.—Pain in the base of the brain continuous, but much worse *every evening*, so that convulsions and insensibility were the result occasionally. The only relief was from *tight bandaging* and *cold applications*. He would cry and could not help it when the pains were greatest. Diagnosis, neuralgia; prescription, *Pulsatilla* 200, three doses three hours apart; relieved him in twenty-four hours, and he made a good recovery without any more medicine. (J. Emmons.)

This case shows that if the *symptoms* are there the temperament of the patient will not interfere with the action of the indicated remedy. Yet it must be remembered that such indications are much more apt to occur in the *Pulsatilla* temperament. (N.)

RHEUMATISM.

(29) CASE.—I was called to a case at 1 o'clock in the morning. Had just come in from a hard day's work, and refused to go until I got some rest. Father, who came after me, said that his

boy, about 14 years of age, had rheumatism terribly bad; had not been able to sleep for the great pain for many nights. I sent some *Aconite* to take until I came in the morning. Next morning met the father on the way again after me. Boy had not slept at all, and was in great pain. I found the pain, swelling and suffering in the right hip. It had travelled there from the feet, where it had moved to the knees, then the hip. Now the parts first attacked were free from pain or swelling. Covering or warm applications did not relieve, and he was *crying* with the pain.. A year before he had had a six weeks' run of the same disease under regular treatment; had discharged his doctor and cured (?) himself with "Angel's rheumatic gun," a well advertised patent medicine. But that gun didn't hit the mark. Now, after having tried it for a week, *Pulsatilla* 4th was prescribed in solution, a tea-spoonful once in 2 hours, until relieved, and I passed on to see other patients, promising to call on my return. Three hours after, as I drew up in front of the house, I found the grandfather walking back and forth in the front yard in a brown study. Did you give that boy morphine? said he, with blood in his eye. No, I answered. Why? He went to sleep in half an hour after the first dose and has not awakened yet. This was

true, and in three days he was around and went on to a rapid and perfect cure. (Nash.)

I could fill this book with cases cured with this remedy, but "enough is as good as a feast."

I want here to call attention to the fact that this remedy of wide range is not one that is chosen from its positive power to cause pathological lesions, and yet if you look over either "Clark's Dictionary" or "Hering's Guiding Symptoms" under the head of clinics you would think that there was no disease to which flesh was heir where it might not be useful. Now when we refer to our resume of seven leaders:

1. Mild, gentle, yielding disposition, sad and despondent, weeps easily, sandy hair, blue eyes, pale face, muscles soft and flabby.

2. *Changeable* remedy, pains and swelling travel from joint to joint. Hæmorrhages flow and stop, then flow again; no two stools, no two chills alike, etc.

3. Bad taste in the mouth, < in morning, with great dryness, but no thirst.

4. Stomach easily disturbed, especially by cakes, pastry or rich, fat food.

5. Thick bland discharges from all mucous membranes.

6. Catamenia too late, scanty or suppressed, particularly by wetting the feet.

7. *Modalities*, < in warm room, warm applications, abuse of iron, chilliness with the pains. > by cool open air, walking slowly around; cold food or drink. Tying up tightly relieves the headache. I say when we refer to these it is hard to understand why this remedy should be so widely useful except from a homœopathic standpoint. And so we come again to the inevitable conclusion as Chas. S. Raue used to say: "The symptoms indicating the remedy may lie outside the symptoms which go to make the pathology of the case." It is well for us not to lose sight of this great cardinal truth. It must be so else routinism would be the result. So long as disease attacks different individuals of different temperaments and different degrees of susceptibility and resistance, and especially with different complications, such as psora, syphilis and sycosis, so long must individualism as to choice of remedy be necessary. Homœopathy is wide enough in its scope to cover all these possible conditions, and it cannot be squeezed into any pathological livery. This is the great advantage of our system over that of the old school. With them it is name the disease first, then prescribe, and often they cannot name it at all, what then? Of course, do something or fire in the dark. With us if the symptoms of the patient, pathological or symp-

tomalogical, one or both, correspond in its symptoms to the remedy, we are ready to act and to good purpose, too. *Similia similibus curantur* can never be wiped out. (N.)

MERCURIUS.

TONSILLITIS.

(30) CASE.—Miss Anna Tanner, age 20, got creeping chilliness or shivering in the evening, rapid swelling of tonsils with pains shooting up into parotid and ears; great redness of the parts (tonsils and uvula); difficult swallowing; drinks escape by the nose; horribly offensive odor of the breath; flabby tongue, showing imprint of the teeth; high fever and thirst; perspiration profuse but affords no relief. Seems as though the tonsils must suppurate. Here is a typical case of tonsillitis. *Mercurius vivus* (Fincke) c.m. in solution was followed with rapid and complete subsidence of all these symptoms and rapid recovery without suppuration. I have cured many such cases with the same potency of this remedy. (So have others.) (Nash.)

TONSILLITIS.

(31) CASE.—Sore throat commencing a few days after entering a cotton mill. Utterances

very thick, speaking seemed painful; in 'course of ten minutes expectorated six or eight times a mouthful of glairy mucus; intense dull, heavy aching in both tonsils, and a similar pain in small of back; hawks continually; little sleep for three nights, and feels unable to work longer; ulcerated swollen tonsils, about a quarter of an inch in depth and width; tonsils purple and hard; whole buccal cavity purple; uvula purple and enlarged, and appears as if twisted on itself, turned much to the left side; tongue twice normal thickness, purple on sides and beneath, and *dorsum covered with a thick yellow coat to within* one-half an inch of tip, which is dry and swollen; breath extremely fetid. Pseudo-homœopathy had failed. Ordered *Merc. iod. flav.* c.m. every hour. About fifteen minutes after first dose entire relief to back and throat, and went to sleep; was wakened by his mother to give second dose (never wake patient on whom the homœopathic remedy has induced sleep, nor repeat the dose so long as such a marked improvement continues). Soon after taking it pain returned with greater severity than ever, lasting till morning, and so bad that he walked the floor groaning from pain the whole night; the pains lessened about 9 A. M.; the hawking and spitting ceased about noon, and now (twenty-four hours after first dose) patient feels

quite well, and tonsils, etc., look much better; in forty-eight hours cured.

Dr. I. himself had angina with such intense suffering, especially continuous aching, dragging pain in tonsils and small of back, that there had been no sleep for ninety-six hours; eating was impossible, and speech was so indistinct and so painful that he used gestures; prostration from the pain and loss of sleep; *tongue coated yellow*. *Merc. iod. flav.* 30 and other drugs had done no good. Took *Merc. iod. flavus* c.m., in twenty minutes slept, and woke free from pains, and in forty-eight hours was well. (M. Preston.)

ECZEMA.

(32) CASE.—A young girl aged about 14 came to me with a pustular eruption in the left leg extending from the ankle to the hip; the pustules were filled with yellow matter, and were in size from a millet seed to a pea. When the larger ones had broken and discharged they ran together and left a red, raw, sore surface. Various domestic lotions and ointments had been applied with no good effect. The leg was drawn up so that the girl walked on the toes on that side. The symptom that led to the prescription was that the pain, itching and burning were all greatly aggravated in the *warmth of the bed and at*

night. Mercurius solubilis 2m, Jenichen, promptly relieved the suffering, and in a few days the patient was cured. (Nash.)

I have cured several similar cases. (N.)

DYSENTERY.

(33) CASE.—Mrs. H., aged fifty, fair complexion, tall and lean, of nervous temperament, has had diarrhoea and colic for a week. Now has eight or ten bloody mucous discharges daily with *colic and tenesmus*. *Merc. corr.* cured in three days. (C. Wesselhœft.)

DYSENTERY.

(34) CASE.—Miss P., aged 13, sick a week without treatment; ten or twelve stools daily, beginning at 4 A. M. and continuing all day, *but worse at night; slimy mucus and blood*, with tenesmus during and after stool and some griping before and after stool; much thirst and little appetite. *Merc. sol.* 200, every four hours, cured in two days. (J. B. Bell.)

• ECZEMA.

(35) CASE.—G., tailor, past sixty. Troublesome itching of body and limbs. Skin covered with crusts and papulæ. Eruption first appeared over two years ago as very small elevated spots on back of wrists, gradually extending to the

other parts of the body. Itching so intolerable it almost sets him crazy if he gets a little warmer than usual while at work. When he first gets into bed the cool sheets feel so nice he goes right to sleep, but after sleeping about half an hour he is awakened by this awful itching and has to get out of bed and walk the floor until the sheets get cool again. *Merc. viv.* 200 relieved very much, and *Merc. viv.* 30m completely cured all except a slightly troublesome itching in the daytime while at work. *Sulphur* 55m completed the cure. (Dr. H. N. Martin.)

PLEURO-PNEUMONIA.

(36) CASE.—Mrs. Ed. Kinney, age 35, with severe attack of pleuro-pneumonia, after taking *Aconite* followed by *Bryonia* rather routinely than otherwise, after a few days presented the following symptoms: Severe pain through the lower right chest, high fever with thirst, and profuse and persistent sweating, which does not relieve. Tongue moist, flabby, showing indentations of teeth. Cough with expectoration of rusty or blood-streaked mucus. All worse at night.

Merc. viv. 6th, once in two hours, brought prompt relief and rapid and perfect recovery. (Nash.)

This case ought to have received the *Mercurius* before, but this was in the early days of my practice when routinism is quite natural to the young man who has not been taught to individualize so strictly.

SYPHILIS.

(37) CASE.—Mrs. X., seen June 9, 1903. Chancre on chin; accidental inoculation from husband, who had the same on his chin, but was not diagnosed, and was followed by the usual secondary symptoms. Chancre of Mrs. X. was of seven weeks' duration; indurated edges, yellowish base size of a fifty cent piece, surrounded by a red inflammatory area. Submaxillary glands swollen. Throat sore. General aggravation at night. Had received *Mercurius sol.* 30 and 200, one dose each, at intervals of three weeks with very slight relief. Throat now aggravated; burns like a hot iron. Mucous patch on *right side*. Pain extending to ear and down neck to clavicle. Submaxillary gland still swollen. Secondary roseola on skin of trunk and limbs. Pain < right side. Chancre discharges a yellowish pus from centre; is a trifle softer around edges. *Mercurius iodatus flavus* 200, one dose (B. & T.).

June 16. Much relief. Throat much relieved and chancre healing. Glands smaller. Placebo given.

June 28. Throat almost well; chancre almost healed; roseola fading; placebo.

July 6. Chancre healed, nothing but a hard lump remains. Throat a little $<$ on the right side, and glands more swollen. *Merc. iod. flav.* 500, one dose (B. & T.).

July 16. Throat entirely well. Submaxillary glands less swollen. Placebo.

August 7. Lump on chin gone and discoloration fading. Placebo.

September 15. Two small ulcers on inside cheek. Placebo.

September 29. These ulcers refuse to heal, but are not very sore. *Merc. iod. flav.* 45m. (Fincke), one dose.

October 15. Ulcers healed. No symptoms. Placebo.

May 14, 1907. There have been no syphilitic symptoms since, and no discoloration or scar visible at site of chancre. No hair was lost. Time of cure, four months. (R. F. Rabe.)

Dr. J. B. Garrison remarks that, "If we can learn to believe that homœopathy presents a better and quicker manner of curing syphilis than any other, we will not resort to the methods that have been tried and retried for centuries with disappointment. We must not think that we have prescribed homœopathically merely because we have

given a remedy that is said by the text books to be valuable in such cases, but must work out the case carefully, using our repertories and trying to be sure that we have arrived at the similimum. Let me also say that if we may have a feeling that we are not able to select the remedy to our satisfaction, do not hesitate to call to our aid a specialist in homœopathic therapeutics, just as we expect to be called in to aid the general practitioner when our specialties are involved. It will redound to our credit and to the school we represent." These are true words and sound advice. The surgeon and the specialist can do better surgical and special work in conjunction with skillful homœopathic prescribing than any other way. Without such medication he can do no better work than his allopathic neighbor, and need not claim to. (N.)

Here are seven cases given under *Mercurius*. They might be multiplied by seven, as might every one of our polychrest remedies. But we must not linger too long on one, and will subjoin our resume:

1. Swollen, flabby tongue, taking imprint of teeth; gums also swollen, spongy or bleeding; breath very offensive.
2. Sweats day and night without relief.
3. Creeping chilliness in the beginning of a cold or threatened suppuration.

4. Sliminess of mucous membranes.
5. Moist tongue with intense thirst.
6. Glandular swelling, cold, inclined to suppurate. Ulcers with lardaceous base.
7. *Modalities*, < at night; in warmth of the bed while sweating, lying on right side.

This set is common to almost all the combinations of the *Mercuries*, but the very *yellow coated tongue* is found under the *Merc. iod. flavus*. The bladder and urinary symptoms stand out most prominently under the *Merc. corr.* So far as the *Merc. viv.* and *Merc. sol.* are concerned they are so nearly similar that equally good prescribers use one or the other indiscriminately. Dr. Adolph Lippe preferred the *Merc. vivus*, H. C. Allen the *Merc. solubilis*. I use the *Merc. vivus* oftenest, though for skin affections and the second stage of catarrhal affections I prefer the *Merc. solubilis*. No drug has been more abused by the old school, both in the past and the present. It was Hahnemann's great antisymphilitic, but under the bungling of the allopaths is responsible for sufferings worse than the disease. So taking together their indiscriminate use and overuse of it in so-called torpid liver and syphilis, they make a great mess of it both for those they treat and us who have so much to do in fixing up their drug-diseased, dilapidated patients.

CINCHONA.

RHEUMATISM.

(38) CASE.—Mrs. Dr. Keese was attacked with a severe inflammatory rheumatism of the knee. The swelling was very red and painful. There was high temperature, quick pulse, great restlessness and exceeding sensitiveness to the pain.

Aconite brought very little if any relief, and *Bryonia* next on account of the < on movement and great thirst suffered like defeat. Now (said the patient) why don't you help me? I know you can if you have a mind to. That was flattering, and I naturally wanted to "make good." I turned down the bed clothes to view the situation. As I put out my hand to feel of the knee, she exclaimed in terror, Oh! don't touch it. The least touch is unbearable and brings on the pain for hours.

I said you hold still, and put my hand carefully on the inflamed knee and gradually increased the pressure until I pressed it hard and firm. The patient looked astonished and ashamed as she said why, doctor, that don't hurt me, but I tell you that the least touch has put me in agony before. I took off the pressure as gradually as I

had put it on, and the usual severe < did not follow. She then got *China* 200th, and when I visited her twenty-four hours later she exclaimed, There, I knew you could help me if you wanted to. No other remedy was needed. (Nash.)

NEURALGIA.

(39) CASE.—Chas. P., a tailor, came to see me at the dispensary, having suffered a long time from facial neuralgia. Had been treated by several old school doctors, but each one after treating for some time with remedies and liniments with hardly any relief told him that he would have to be operated on to have the diseased nerve cut out, as it was the only way he could ever be cured. This was to him always a signal to try another doctor, as he did not relish the idea of an operation. He had been so long unable to work and had spent all his savings for doctors and drugs that he was now compelled to try the free dispensary.

The pain was entirely on the left side of the face and neck. It would come and shoot through the face like lightning, especially in the house, especially if he tried to sew on the machine, or the children made any noise. The only relief he could get was by walking slowly about in the open air, He could only sleep after applying

cloths, wet with cold water, to the left side of the face and head; when these got warm the pains would awaken him, but on reapplying them he could go to sleep again. The relief from cold, open air and slow motion decided me to give him *Pulsatilla* c.m., but all in vain.

I then assured him he must be mistaken about his symptoms, for, if correct, I thought he ought to have been cured, but he persisted that he had given his symptoms correctly, and continued: "If I only touch my nose or cheek ever so slightly, thus," suiting the action to the word, "I can bring on that pain," and the expression of his face and his groans showed that he had been more than successful. He was still worse from any noise indoors, heat, lying on the left side of the face and from eating, better from fresh open air, walking slowly and from cold in general. Stools daily, but almost black, urine dark yellow. I now gave him *China* 200, to take one powder mornings and evenings. After three days he returned, saying: "I have had no more neuralgia since taking the second powder, and have slept well every night since without the cold cloths. You are the thirteenth doctor who has treated me for this, but the only one who has cured me." (F. H. Lutze.)

These two cases illustrate the unexplainable

symptoms—*light touch* < *while hard pressure* >, and in the latter case notwithstanding the apparently strong indications for *Pulsatilla*; but notice that the black stools and yellow urine belong to *China* and not to *Pulsatilla*. (N.)

TYMPANITES.

(40) CASE.—J. Hall, a young man, unmarried, has had for a long time great bloating of the abdomen, with severe paroxysms of colic. When I was called to him he had been in bed some time, a number of days, as the colic and bloating was getting worse continually. He was a dark complexioned, medium height and build, dark hair and eyes. He was jaundiced and had a yellow, watery diarrhoea, which passed with much flatus, but did not relieve the pain or reduce the size of the abdomen. The abdomen was as full as that of a woman ready to be confined; very tympanitic, and the convolutions of the whole length of the colon bulged out so that they could be seen as well as felt through the thin abdominal wall, for he was quite emaciated generally. He laid straightened out on the bed on his back, except when the painful paroxysms came on, when he would throw himself about in agony and groan.

I tried various remedies, among which were

Colocynth, *Arsenicum*, *Nux vomica*, and finally *Dioscorea*, which I thought would certainly relieve him, because he *bent backward* instead of doubled up with the pain, and *Dioscorea* is a great flatulent remedy, and had served me well in such cases. *China*, *Carbo v.* and *Lycopod.* had also been tried. They were all used in the 30th and below. But no good from any of them. It was a poor family, and the mother being worn out with night watching (no nurse to help her) fell asleep, and the patient became delirious with the pain and escaped from the bed, and in his night clothes was overtaken three miles from home and taken back. Of course, things got serious, but they had one advantage, they were too poor to change doctors or to pay for an operation of any kind. Well, as has been my custom, I sat down and studied up the case again. Nearly all his symptoms called for *China*. But he had *China* low. Now the only thing to do was to try it high. What, in such a desperate case? Yep. Only thing to do. So I gave him some *China* 5m. made on my own potentizer (so I knew what it was). The result was all a Lippe could desire. The terrible pain grew promptly but gradually less, the tympany gradually subsided, the diarrhoea stopped, and in a month from its first administration he was working on the road with the

rest of his fellow laborers. There was no return. Now there was a very prominent subjective symptom in the case which I have not mentioned. As H. N. Guernsey used to give it: "Uncomfortable distension in the abdomen, with a wish to belch up, or *sensation as though the abdomen were packed full*, not in the least relieved by eructations." In this case neither belching nor stool relieved in the least. (Nash.)

NEURALGIA.

(41) CASE.—Mrs. R., age 65, had been treated during five or six years at different times by two homœopaths for *torpid liver*. During all this time she had not had a natural evacuation, the stool had to be washed out by an enema; there had not been the least desire for stool, nor any urging.

She had become very feeble and emaciated and suffered frequently and severely from neuralgia on the right side of the face, which the treatment of her physicians did not seem to relieve. An allopath being called in gave her a lengthy prescription, containing *Quinine*, *Strychnia*, *Aloe*, *Podophyllum*, *Euonymus*, etc., to be made into pills to take two mornings and evenings. The first dose aggravated her so much that she did not take the second dose until the following morning; this making her still worse,

the pills were abandoned and I was called. I found her delirious, temperature 104 degrees, but could obtain no symptoms.

Nux vom. 200, given at bed-time, produced a favorable change by next morning, but in the evening neuralgia of right side of head and face appeared, with symptoms of *Bellad.*, and this soon relieved the neuralgia, as also another attack a month later. During the interval and after the second attack she was treated according to symptoms, but after two months the neuralgia made its appearance again; this time on the left side of the head, face and neck, with exactly the same symptoms, but *Bellad.* gave no relief whatever; she was rather worse in the afternoon. Mrs. R. then told me that the *slightest touch* would not only aggravate the pain, but actually reproduce it in its worst form, if touched when she was free from it. *Chinin. sulph.* covering all the symptoms, including the reproduction of pain by touch, which is not found under *Bellad.* I gave her a dose of *Chin. Sulph.* 45m in water, to take two teaspoonfuls every two hours, which gradually improved her, so that she was free from pain in four hours and never had another attack of neuralgia. (F. H. Lutze, 1893.)

DIARRHŒA.

(42) CASE.—A delicate girl, three years old, has had an *exhausting* diarrhœa three weeks. It

is now painless, consisting of brownish yellow fluid, with much undigested food. She has ten or twelve operations in twenty-four hours, and is much debilitated. *China* 200, every two hours, produced decided improvement in thirty-six hours, and complete convalescence in two days more. (J. B. Bell.)

INTERMITTENT FEVER.

(43) CASE.—Intermittent. He has had tertian fever five or six weeks. *Pulsatilla* 200 was given, which seemed to aggravate, changing the fever to quotidian type.

SYMPTOMS.—Paroxysm commenced 8 A. M., hard and shaking chills, lasting one hour, after which *great thirst*, followed by fever with *no thirst*; headaches; flushed face; dry, red eyes, and, after the fever, sweating, *with thirst*; but *very profuse perspiration at night*, particularly upon the parts on which he lies. Great debility after perspiration. *China* 200, ten powders, one every three hours. Speedy recovery followed. (T. D. Stowe.)

I cannot take more time with this great remedy, although I could multiply many cases of intermittents cured with it in the potencies. J. C. Roberts gives seven cases cured with it in the 87m in the *Organon* (Journal), Vol. III., page 236. Dr. Roberts comments thus: "I think

that these few cases should convince those gentlemen of the errors of their ways who insist upon it that the giving of *Quinine* is necessary in order "*to break the chills.*"

"These cases were considered incurable, but they were cured in the malarial region in which they took the fever, and in which they continued to reside after having been cured without having a return of the fever."

The *Cinchona*, as well as its alkaloid, has been well proved and can be applied in potency with great success in the cure of intermittents if the symptoms indicate. If it is not indicated it will, like other not indicated remedies, not cure, and the *Quinine* in massive doses will only suppress temporarily and establish a *Quinine* cachexia often more difficult to cure than the original disease.

Ipecac, *Arsenicum*, *Natrum mur.*, *Pulsatilla*, *Ignatia*, *Eupatorium* and many other remedies can each cure cases that *Quinine* cannot touch in the way of a permanent cure. I have written more at length upon this drug here, in hopes that some allopath, or only-in-name homœopath, may profit thereby. The treatment of intermittents is a good field in which to demonstrate the power and truth of the single remedy, the similimum and the minimum dose. And intermittents is only a small

part of the field of operation where this valuable drug in its two forms is wonderfully efficacious. (N.)

RESUME.

1. Debility and other complaints after excessive loss of fluids; blood-letting, leucorrhœas, etc.

2. Hæmorrhages profuse with fainting, loss of sight and ringing in the ears.

3. Great flatulence, with sensation as if abdomen were packed full, not $>$ by passing flatus up or down.

4. Painless diarrhœa; stools yellow, watery, brownish, undigested.

5. Periodical affections; especially every other day.

6. Excessive sensitiveness, especially to *light touch*; draft of air; pain; special senses too acute.

7. *Modalities*: $<$ from light touch, least draft of air; every other day. $>$ by *hard pressure*.

NATRUM MURIATICUM.

SUPPRESSED INTERMITTENT FEVER.

(44) CASE.—In the year 18— I was called on to visit a Mrs. D., aged 40, who had come some forty miles to place herself under my care

for the treatment of an obstinate and grave inflammation of both eyes, supposed to have arisen from cold, and which had hitherto resisted all attempts at cure. The inflammation was severe, and the eyes so extremely sensitive that any examination beyond a mere glance was out of the question, and I hesitated somewhat to assume the responsibility of the case. Without delay she was placed under the use of such remedies as seemed indicated by the ascertained totality of symptoms, the names of which, writing from memory, cannot now be recalled.

This treatment continued about three weeks, the only beneficial result obtained being a slight mitigation of the symptoms. Not satisfied with so poor a return, and diligently searching for some cause for this partial success, I conceived that the history of the case might not have fully reached me. So I sat down for a patient enquiry, from which was gathered that Mrs. D., with her husband, emigrated from the city of London some years before this and had purchased a piece of land on our Northern Railroad contiguous to a marsh, the proximity of which induced recurring attacks of intermittent fever, for which *Quinine* had been freely and often taken, with the usual effect of at length "breaking the chills," as it is termed, and, as our patient

supposed, of curing the disease. Unfortunately, when the ague ceased its chill, etc., the eyes, which had hitherto been sound, became greatly inflamed, and so persistent and severe that at times total loss of vision seemed imminent.

My inference from this statement was that the intermittent fever had not been cured by the *Quinine*, but suppressed, and so thrown back into the system to concentrate its baneful effects in another form, which I conceived to be this affection of the eyes. Should these deductions be correct, it was further premised that no improvement in the eyes was possible unless the restraining and suppressive action of the *Quinine* on the primary disease could be antidoted; and if this were predicable, the intermittent might return. Actuated by these thoughts, and the presence of *nausea* as a prominent but hitherto unrecognized symptom, I gave *Ipecac* 30, four times daily, during several days, when, to my surprise and delight, one morning about 9 o'clock a very decided chill set in more severe than any which the patient had yet experienced, followed by intense fever and subsequent perspiration.

The next day was an intermission, succeeded on the third day by a renewal of all the symptoms, time, etc., of the first. I had then a clear tertian, beginning at 9 A. M., from which, and

other symptoms now forgotten, there remained no reasonable ground for rejecting *Nat. mur.* as the remedy. It was accordingly administered in the 30th potency four times daily for a while, and after three paroxysms, occupying nine days, the disease ceased to return, being, as the sequel showed, completely cured; and, to my great delight, the *Natrum* had acted so beneficially that nothing else was required, and I shortly had the pleasure of sending my patient home, cured of both the malarial fever and the terrible effect on the eyes of its having been suppressed. (John Hall.) This case shows, first, the danger of the favorable treatment of malarial fever with the inevitable *Quinine* of the old school; second, that the history of the case is very important; third, that the indicated remedy may restore the disease suppressed and so pave the way for the administration of the *curative* remedy, which, if it had been administered at the beginning, would have easily *cured* the case at once.

Carrol Dunham once cured a very obstinate case of chronic disease by restoring an eczema of the scalp, which had been suppressed by an ointment years before with *Mezereum* 200, the history of the original disease corresponding with that remedy.

I have myself often done similar work, and

we all know of the necessity of keeping in mind the anti-psoric, sycotic and syphilitic complications which call for their appropriate remedies. (N.)

INTERMITTENT FEVER.

(45) CASE.—I was called to Mrs. Shultz, a young married woman, who had a short time before (three months, I think) had a miscarriage. She had, under the care of an old school physician, who stood high in the profession, not recovered her health, but had grown anæmic, weak and emaciated, and a bad cough, with considerable expectoration, had set in. Now the doctor gave it as his opinion that she had consumption and an unfavorable prognosis.

This of course was discouraging, and as he had treated her so long with this result they concluded to change doctors.

I took charge of the case with some misgivings, as the former physician was a man of acknowledged ability, but, as I watched the case, after a few days I observed that what the doctor had called hectic fever every afternoon was preceded by a distinct chill every day at 10 A. M. with clock-like regularity. I also noticed that the high fever was accompanied with very red face and *throbbing headache*, and was followed by sweat, which *relieved* all the suffering, and

the rapid pulse became nearly normal in the morning. I also observed that the patient lived right on the banks of a swampy marsh. So I concluded to ignore the name the doctor had given the disease and give the remedy covering the symptoms. I gave *Natrum mur.*, although it had never cured a case of consumption, and *cured the patient*, completely and rapidly. (Nash.)

Some would say that if the sputum, of which there was an abundance, had been subjected to microscopic investigation and had shown bacilli the splendid cure would not have been accomplished. Perhaps so; but I have made a cure of a case which was discharged from Saranac (the great resort for consumptives) as incurable and did show bacilli in abundance. She was told that she would live only a few months at the longest. If the case is not too far along the "bugs" will leave under the homœopathic remedy. (N.)

SUPPRESSED INTERMITTENT FEVER.

(46) CASE.—Woman aged 53. She complains of a dull heavy feeling all over her; almost continual headache, which is worse in cloudy and damp weather; extremely sensitive to cold air, especially the head and feet; sleeps well, but dreams bad dreams. There are also unmistakable evidences of liver trouble, which she says have existed for twenty-five years. The period

of aggravation of all her symptoms, especially headache, is between 10 and 12 A. M.; the appetite is generally fair; has a craving for salt. The history of this case shows that when she was a girl she had frequent and protracted attacks of fever and ague, during which she took large quantities of *Quinine* in some form or other. She says she has never been well since then; she continually experiences a dull and heavy feeling throughout her whole body.

Her only recollection of these attacks, of the fever and ague, is that she was at that time fond of salt; craved salt. It is very evident that this patient, when she had the fever and ague, was a subject for *Natrum mur.*, and the probability is that had she had the remedy administered at that time her life would not have been so miserable an existence during the interim. The remedy is clearly indicated at the present time, especially by the craving for salt, and the persistent headache agg. between 10 and 12 A. M. and the bad dreams. Jan. 29th three powders of *Nat. mur.* 1m were prescribed.

Feb. 5th. Headache less, dull heavy feeling of body less, and no bad dreams. *Sac. lac.* prescribed.

Feb. 12th. Same report; still improving.

Feb. 19th. Continual improvement.

March 4th. The patient seemed almost well and said she had improved more during the past week than in any previous week since taking the medicine, notwithstanding she had taken no medicine except that prescribed at her first visit. (C. M. Boger.)

INTERMITTENT FEVER.

(47) CASE.—R., boy aged four years, had for fourteen months continued attacks of tertian intermittent. *Quinine* had been given until the little fellow sensibly refused to take more.

In August, 1880, I learned that he had had a paroxysm every other day for seven months. The malarial and quinine cachexia was well marked, and with the chill, which began between 10 and 11 A. M., there was intense thirst for large draughts of water, and during the fever which followed he complained of his head "hurting and jumping." One dose of *Natrum. mur.* (30) was given at the end of a paroxysm. He remained free from another attack until in the following October, when, the same symptoms presenting, another dose of *Nat. mur.* was given, and he has had no chills since (May, 1881), and has continued to live in the same place, and his health is constantly improving. This case came under observation while I was visiting the section in which he resides with his parents, and on learn-

ing that many cases of a similar character were in the neighborhood I left a vial of *Nat. mur.*, with directions to give one dose to any case met with; and I learned a few months afterwards that several cases had been cured with that remedy. (Geo. H. Clarke.)

LIVER DISEASE.

(48) CASE.—R., lad, æt. 12, living at Parkgate. He suffered for some time from constipation, loss of appetite, dirty looking complexion, emaciation, frontal headache going round to the back, sleepiness towards evening and, first thing in the morning, urine thick, with nasty smell.

Excepting the “nasty” smell, which the boy could not define, I find all these symptoms in the pathogenesis of *Natrum muriaticum* in Allen’s Encyclopædia of Pure Materia Medica and numbered respectively 529, 353, 251, 885, 64, 970, 561. Therefore, *Natrum mur.* 6, and that six grains in water, forenoon and afternoon. After taking 24 powders he returned, cured of all the symptoms except the odor of the urine and the emaciation, and “feeling very much better.” The prescription was repeated and the patient did not return. His father subsequently informed me that the cure was complete. (Burnett.)

SUPPRESSED INTERMITTENT FEVER.

(49) CASE.—April 21, 1878, John H——, æt. 29, seaman, had fever and ague two or three times a day, with watery vomiting, in Calcutta, in September, 1877. Was in Calcutta Hospital three weeks for it and took emetics, quinine and tonics. Left at the end of three weeks cured, but before he was out of port the ague returned, or he got another, and he had a five months' voyage home to the port of Liverpool. During the first three months of this homeward voyage he had 2, 3, 4, 5 attacks a week, and took a great deal of a powder from the captain, which, from his description, was probably *Cinchona* bark; then the fever left him and the following condition supervened, viz.: "pain in right side, under the ribs; cannot lie on right side; both calves very painful to touch, they are hard and stiff; left leg semi-flexed, and he cannot stretch it." In this condition he was two months at sea, and two weeks ashore; and in this condition he comes to me, hobbling with the aid of a stick and in great pain from the moving.

Urine muddy and red; bowels regular; skin tawny; conjunctiva yellow. Drinks about three pints of beer daily. I recommend him not to alter his mode of life till he is cured and then to drink less beer.

The former part of the recommendation he followed, as I learned from his brother; of the latter part I have no information.

Therefore ordered *Natrum mur.* 6 trit., six grains in water every four hours.

April 27. Pain in side and leg went away entirely in three days, and the water cleared at once; but the pain returned on the fourth day in the left calf only, which to-day is red, painful, swelled and pits. He walks without a stick. Continue medicine.

May 4th. Almost well; feels only a very little pain in left calf in walking. Looks and feels quite well, and walked into the room with perfect ease without any stick.

He thinks he had a cold shake a few nights ago.

He continues to perspire every night; ever since he got the ague the sheets have to be changed every night.

Continue medicine.

May 11th. Quite well. No medicine.

July 20th. Continues well.* (Burnett.)

RESUME.

1. Melancholy; depressed; sad and weeping; consolation aggravates.

2. Great emaciation, even while living well; shows most in the neck.

3. Anæmia, with bursting headaches, especially at the menses; also school girls' headaches.

4. Great dryness of mucous membranes from lips to anus; lips dry and cracked, especially in the middle; anus dry, cracked, fissured, costive.

5. Heart palpitates, flutters, intermits, throbs violently, shaking the whole body, < lying on left side.

6. Itching eruptions, dry or moist, < at the margins of the hair.

7. *Modalities*: < 10 to 11 A. M. (many complaints), especially malarial affections; lying down, especially on left side; (heart) heat of sun, or heat in general; (exercise) abuse of quinine or nitrate of silver.

I have selected more than the usual number of cases under this remedy because it is such a "stunner" to the old school and I like to "rub it in." Again, as I wrote in my "Leaders in Homœopathic Therapeutics," "there is no remedy in the *Materia Medica*, I think, that so disgusts the advocates of the low potency, and low only, as this one. The unquestionable cures of the most obstinate cases of intermittent fever with the 200th potency demoralizes them. That people eating salt in appreciable quantities right along and can't live without it don't get well on it, and *do* get well on the same thing potentized, does

not hold to reason, the microscope, molecular theory, spectrum analysis or anything else scientific (so called), not being able to discover any material in the dose. But there stand the cures, like the blind man whom Jesus healed. It is a hard thing to be confronted by such facts against our prejudices."

Any school of medicine, or any physician in any school of medicine who refuses to accept such testimony of the power of this remedy, even in the potencies, to cure the sick (and there are many other remedies equally convincing) has no right to lay any claim to being scientific, or even reasonable.

CALCAREA CARBONICA.

METRORRHAGIA.

(50) CASE.—Mrs. E. G., æt. 36, had been given up to die by her family physician.

She came of a consumptive family, her mother and her mother's parents having died with the disease. She had always menstruated VERY PROFUSELY, and after having practiced upon herself, within the course of eight or nine years, no less than seven abortions, her menses assumed the type of recurrent hæmorrhages. Her lungs had always been very sensitive; has had more or less

cough; at first DRY and HACKING, later loose and hollow. Has had pneumonia twice, making a tardy recovery each time. At present was convalescing from a third and severe attack of pneumonia, when some imprudence on her part brought about an unfavorable change, and she failed so rapidly that her case seemed hopeless.

SYMPTOMS.—Constant hollow, loose cough; extreme *sensitiveness of the lungs to cold air and to a jar*; *profuse* and general perspiration at night, of a sour smell. *Extreme* emaciation, constipation alternating with *watery diarrhœa*; *great despondency*; constant *passive hæmorrhage from the uterus* of dark foul blood. *Calcarea carb.* 30 was the first and only remedy prescribed. Under its use she not only made a good recovery from this attack, but regained by its long continued use a surprising degree of general health. (Arndt.)

ENTERO-COLITIS.

(51) CASE.—Peckham, child at 18 months. Fair haired, blue eyes, chubby when born, but with open fontanelles and sweaty headed. Has for a few weeks past had what her doctor called cholera infantum. All sorts of foods had been tried until now, when they called me in, the diarrhœa, of a *sour smell* and light colored, was almost incessant; every diaper. There was also

frequent vomiting of *sour* substance and the milk came up in very large curds. There was great emaciation and child when it slept did so with half open eyes, and the sweat on the head wet the pillow far around.

I put *Calcarea carb.* 6m. (Jenichen) in the child's food, as suggested by Dr. Hering, and in a few days marked improvement set in and continued until the patient was perfectly well. Many such cases are on record. (Nash.)

CARIES.

(52) CASE.—Frank W., a lad aged 10, blue eyes, light, thin hair, pale, thin face and of a scrofulous disposition. One year previous to my call a periostitis set up in the shaft of the left tibia upon the inner side. Case as presented to me the first time; bone has exfoliated along the whole length of the shaft; ulcer is so deep that not more than one-half of the supporting structure remains and leg is much bent; ulcer keeps up a continuous discharge which has left little vital resource behind. Patient is not only badly *emaciated*, but has a hectic fever and a bad cough, with *dullness in the right apex*. Cough is *dry* and harasses him *in the evening*; *has night sweats*. Was given *Calcarea carbonica* 6, and urged to use milk freely as a diet, to which added the amount of three tablespoonfuls of brandy

every twenty-four hours. Ulcers were fully healed and bone reparation complete within the next twelve months. All traces of lung-trouble also passed away and I have never known of subsequent trouble, though case passed from my observation in the course of half a dozen years. We will here add that we have many times succeeded in curing these bone ulcers, commonly called "fever sores," with the use of *Calcarea carb.*, milk and brandy, and they all remain cured so far as we know. (G. N. Brigham.)

I do not think that so much stress need be placed upon the milk and brandy. With other nourishing diet the *Calcarea* would have cured just the same. I made just as remarkable a cure of caries with *Calcarea hypophos.* without the use of the stimulant. (N.) (See Leaders in Hom. Therapeutics, 3d Ed., page 241.)

MARASMUS.

(53) CASE.—Eddie D., 18 months old. Oct. 30, 1881, the mother brought him to me, saying she had done all she could, and now desired me to treat him, if I thought I could do him any good.

The child was pale, flabby and very weak; has pale blue eyes and golden hair; had diarrhœa three months, which nothing could stop. According to the mother's ingenuity, "He's a good

child and never cries much." Was eating a biscuit when his mother entered the office with him. I told her the child was forming a bad habit. She immediately answered, "I must always carry something for him to eat wherever I go, because he wants to eat *all the time*, and he *just loves eggs*, but I don't know whether he ought to have them or not; they make his bowels run off, and he takes a very bad spell once a month. I have noticed it now three times."

Question: What time of the month?

Answer: When the moon fulls.

I noticed a watery coryza and rattling in the chest. Every time the mother opened her mouth I thought more of *Calcarea*, which I gave in the 85m potency, one dose, dry on the tongue; in the office, and thirteen powders of *Sac. lac.*, a powder to be dissolved in a half glass of water, and a teaspoonful to be given every two hours. The mother desired to know about letting him have the eggs. I told her that his craving for them would gradually decrease, and that I could not withhold them from him.

November 14. Much better in every respect. "He does not crave eggs quite so much and his bowels are better, but he cannot *walk yet*." I told her she should not expect the child to be entirely well in two weeks, when it had been sick three months.

Sac. lac., 13 powders to be taken in the same manner.

Dec. 9. Still improving. Is beginning to walk again and does not crave eggs any more, though he likes to eat them. Mother thinks his bowels are natural now. I could detect no rattling in the chest, and nose had stopped running.

Sac. lac., nine powders.

Told the mother she need not come back unless the child got worse, and then to let me know immediately. I have heard from the child repeatedly and he is still "hearty." (Tom Hagen.)

RESUME.

1. Deficient or irregular bone development (wide open or partly closing fontanelles), crooked spine, deformed extremities.

2. Leucophlegmatic constitution or temperament. (Fair, fat, flabby.)

3. Coldness, general and local; objective and subjective, especially as if had on cold, damp stockings; affections from working in cold water.

4. Sweats general (night sweats and on exertion). Local: Head (children) axillæ, hands, feet, etc.

5. Digestive tract sour (sour taste, eructations, vomiting sour curds, diarrhœa).

6. Great debility; cannot walk far or ascend stairs or hill for shortness of breath; easily strained by lifting.

7. *Modalities*: < in cold air, ascending or exertion, straining; from profuse menses to which she is subject.

This is another one of the medicinal agents which but for the provings and potentizing process of Hahnemann's would have remained comparatively unknown:

If we were to judge by the number of disease affections named in "Clarke's Dictionary" and "Hering's Guiding Symptoms," it would seem as if it must be a veritable panacea; and if homœopathic therapists were guided by pathological names it would be true.

But when we recognize that the characteristic symptoms, both subjective and objective, must lead to its selection, it becomes apparent at once that while the remedy may be applicable to each or all of these affections, it may, on the other hand, not fit one of them. This is the true spirit of homœopathy, and anyone who ignores or don't understand it must of necessity become a routineist or a bungler in prescribing. It seems appropriate here to call attention to the fact that while the *Calcarea* combinations have their family resemblances, they also have their peculiarities. For instance, the *Calcarea carb.* subject has an abnormal desire for *eggs*, while the *Calcarea phos.* one desires *bacon* or *ham rind*. Of course,

it is not the domain of this work to make exhaustive differentiations, but they *must* be made or indifferent success is the result.

PHOSPHORUS.

CHOLERA.

(54) CASE.—It was in 1851, on one of those unsurpassably hot mornings that prevail here in August, that I was summoned to see a case of cholera at a great distance. A Redemptorist Father had been with him during the night, and finding his apparently homœopathic treatment not as successful as he desired wished further advice. The patient was an emaciated, sharp-faced German, a tailor, about 50 years old. He had indulged on the previous day for his supper in blood pudding and cucumber salad. He was taken about 11 P. M. with Asiatic cholera; he still continued to vomit and to be purged, with violent cramp at short intervals. All of these cramps and rice-water discharges ceased during that day, the principal remedy had been *Arsenicum*; but from that evening till the next evening he continued to vomit, and apparently was sinking from exhaustion.

Thirst was very great; he had to drink large quantities of cold water, and felt better after-

wards, till the water became warm in his stomach in from fifteen to twenty minutes, and then he had to vomit it up again, to be relieved of this exhausting painful vomiting and thirst by drinking another large quantity of water. A number of remedies administered produced not the slightest relief.

The symptom found by the clinical experiment in this case—cold water drank is vomited up as soon as it becomes warm in the stomach—was not to be found in our *Materia Medica*. But there was found, after a long search, under *Phosphorus*, in the fifth volume of Hahnemann's *Chronic Diseases*, Symptom 745: "*In the most terrible agonies he vainly tried to vomit; only the drinking of cold water relieved.*" Nothing could be found in a search for a similar remedy but this symptom, and now we gave this suffering man one dose of *Phosphorus* 19m, about 9 P. M., with the order to repeat it every two hours until he was relieved. On the next morning we found that he had been given no more than this solitary dose, and that he was rapidly improving. He recovered without needing any more medicine.

COMMENTS.—The case here briefly stated might be claimed to belong to the "*causes celebres.*" Ever since this case was cured and published everybody has admitted into our *Materia*

Medica this so frequently confirmed *Phosphorus* symptom—"vomiting of what has been drank as soon as it becomes warm in the stomach." Everybody knows it, and the knowing ones have and will continue to cure this not infrequently recurring symptom with *Phosphorus*. The case illustrates the manner in which our *Materia Medica* has been *developed*; how symptoms observed by provers *only similar* to the symptoms observed on the sick as the result of disease may be cured by a given drug, and that the confirmation of such cures entitle this symptom—the *result of the clinical experiment—to as much importance as if it had been observed on a dozen of provers.*

Upon *reflection*, the men who persistently insist in the sifting of our *Materia Medica* may think the better of it. (Ad. Lippe.)

DYSENTERY.

(55) CASE.—Several years ago I treated a child suffering for two weeks from an obstinate attack of dysentery. Several remedies had failed utterly. Counsel was called, but our combined efforts were equally unsuccessful. At one of my visits the mother chanced to be changing the child's diaper. I noticed that the anus was wide open. I could have inserted my little finger to the depth of two inches without touching the

bloody mucus-lined walls. (The tenesmus was almost continuous.) Neither Jahr's *Manual* (Snelling), Bell on *Diarrhæa*, nor Hering's *Condensed* contain this important symptom. Finally I discovered this under *Phosphorus* in Lippe's *Textbook*. Three days after the use of the remedy naught remained of the troublesome disease except the resulting weakness. (Nash.)

This case was published in the "Hahnemannian Monthly," May, 1880. In the June number of the same journal Dr. F. B. McManus, of Baltimore, Md., wrote: "On reading Dr. Nash's cure my mind was vividly called to what I had learned forty years ago, in regard to that precise symptom and condition given in *Phosphorus*, recorded in the *first American* translation of the *first German* edition of Jahr's *Manual*, translated "by the North American Academy of the Healing Art, Allentown, 1838." In the repertory of that volume, under the head of "Anus and Alvine Ejections," is found, "Openness constant of the anus." In the manual *Phosphorus* has, "Escape of slime and blood from the anus, which *continually is open*." In Hempel's translation of Jahr, large edition, of 1848, ten years after the Allentown edition of Jahr, is found, as a symptom for *Phosphorus*, "Mucous discharge from the anus, which is constantly open."

Nux vomica has precisely the *reversed* condition of *Phosphorus*, the former having discharge of bloody mucus, with a sense of *constriction*,—*Phosphorus* a similar discharge, with relaxation and openness. It will amply repay any physician to look into *Phosphorus* in all cases of intractable dysentery, particularly when the seat of the disease is *confined to the rectum, and near to or involving the anus*.

In cases, too, of a *reversed condition, inveterate constipation*, with disappointed calls, the trouble *being seated in the rectum*, the attention of every astute physician would be called to *Phosphorus*."

These two latter cases of Dr. Lippe's, and my own, are brought in here in order to show how valuable clinical symptoms came into our *Materia Medica*. As Dr. Hering used to say, "they are born by *breach presentation*."

Nor does this, in my opinion, reflect in any degree upon the principle of *Similia*, for if under the action of any remedy in potency a symptom or condition is removed it is fair to infer that the further or more exhaustive proving of the drug would produce the same symptom, etc.

To be sure symptoms disappear with which the remedy has nothing to do, but when it repeatedly or invariably does so, no other reason-

able conclusion can be reached than that it was homœopathic to such a state. So such symptoms cannot be lightly rejected, but, in all cases, when the pathogenetic symptoms also correspond is the result doubly confirmed.

HEADACHE.

(56) CASE.—Mrs. M., æt. 30, dark hair, dark complexion, medium size, WHENEVER SHE WASHES CLOTHES, or walks fast, has the following symptoms: Rush of blood to the head, red face and eyes, heat in the head, sensitiveness of the scalp to touch, sudden shooting pains in the head, especially in the vertex. She has a permanent hard protuberance on the left side of the head, where phrenologists locate ideality; also one on the metacarpal bone of her left hand, and one on the right foot. These parts, after washing, become very much swollen, red and hot, with shooting pains.

There is a small ulcer on the left foot, near the little toe.

All the above symptoms are so severe, especially the pains in the head, as to necessitate her lying in bed. The pains in the head are also experienced when walking fast, as well as after washing, but much more after washing. After a few doses of *Phosphorus* c.m. she found she could wash or walk fast without experiencing

any return of the above symptoms. The ulcer on the foot healed. (Compare *Am. c.*, *Ant. m.*, *Bell.*, *Bry.*, *Calc. carb.*, *Calc. phos.*, *Carb. v.*, *Clem.*, *Dulc.*, *Lycop.*, *Merc.*, *Nux m.*, *Puls.*, *Rhus*, *Sars.*, *Sep.*, *Sulph.*—Eds.)

Note by the Editor.*—On receiving this extremely interesting case, from Dr. Gale, we happened to have on hand one exactly similar, viz., head symptoms, of a most chronic type, in a washerwoman, rendering her occupation at times quite impossible; always worse when washing clothes or walking fast, but much more after washing. Her symptoms were identical with those of Dr. Gale's patient, which are italicized. Considerable relief was obtained from the administration of *Pulsatilla* c.m., followed, a week after, by *Sulphur* m.m., *Mercurius* iom (for toothache in a carious tooth, and faceache, caused by washing clothes), and *Lycopod.* d.m. for sadness, gloomy sadness, and ill humor before menses; severe dysmenia, with back as if broken; coldness of left foot. But it was reserved for Dr. Gale to effect a speedy and permanent cure by the similimum. Rush of blood to face and head with heat; the scalp is sensitive to touch, with sudden shooting pains in the head, especially in the vertex, induced and always aggravated when washing clothes or walking fast.

* Dr. Geo. G. Gale.

Phosphorus will cure.

On the 17th of last September a washerwoman to the family was fairly "*hors de combat*" with these symptoms and the following: Sinking at the epigastrium; nausea and loss of appetite; sleepless, and when she does sleep she wakes always with a congestive headache and giddiness. *She is afraid to wash.* *Phosphorus* c.m. was given then and there, one powder dry on the tongue. We did not see her again till the 21st of Sept., when she informed us that "the last medicine had done her more good than all the rest put together." Thanks to Providence and his servant, Dr. Gale. We left her on the 21st of Oct., perfectly well and healthy, pursuing her vocation in comfort. (Skinner.)

On looking over the pathogenesis of *Phosphorus* in "Allen's Encyclopædia," and reading from symptom 3860 to 3880, we find plenty of reason for prescribing *Phosphorus* for the *rush of blood* to the head and face, and symptom 3869 says: "Violent heat in the face with red spots *after washing.*" (N.)

PNEUMONIA.

(57) CASE.—C. H. Nearing, about 30 years of age, was attacked with pneumonia (double). The right side worst. There was great oppression of breathing, very high temperature and

quick pulse, circumscribed redness of the cheeks, right most, not much pain, rather apathetic, the cough (without much expectoration at first), and oppression much worse when lying on the left side. What little pain was complained of was located in the lower right lobe, but the hepatization was general over that side and in evidence to quite a degree on the left. All this condition followed a chill at the beginning. *Aconite* did not do much good, though it had a fair chance. Then I gave *Phosphorus* 1m in solution, to be repeated once in two hours.

In the night the wife came running to my office, saying she feared Mr. N. had gone into a stupor, and wished me to come immediately. I was at the bedside in a few moments, and instead of a stupor found my patient sleeping soundly enough, but quietly, and breathing quite a good deal more naturally, and bathed in a nice warm perspiration. I awoke him and he drew a long breath and said how much better I feel. Then he coughed and raised easily a mouthful of bloody sputum, with great relief, and made a rapid and complete recovery. (Nash.)

I could fill a book with similar cases of pneumonia cured by this remedy.

PNEUMONIA.

(58) CASE.—In the year 1876, in the course of a severe attack of typhus fever, during my

residence, in Liverpool, my state, as I am told (for I was in delirium), suddenly became very critical through pneumonic consolidation of the right lung.

Phosphorus was the remedy selected by Drs. Drysdale, Hayward and Hawkes, who attended me, and under its action I made a rapid recovery. Hard, dry cough, rusty sputum; *increased at twilight and until midnight; < lying on left side; > lying on right side; abdomen distended, sore, very sensitive to touch; stools offensive, bloody, involuntary; the anus appearing to remain open.* Each one of the symptoms I have italicized is a keynote of *Phosphorus*. When any of them are present (with or without pneumonia) *Phosphorus* is likely to be the remedy. (Jno. H. Clarke.)

DIARRHŒA.

(59) CASE.—Mr. Van Hoesen, middle aged, very large tall man, was attacked with a profuse light-colored, grayish-white diarrhœa. It poured away from him like water from a hydrant. Every passage was followed by a very *weak, gone feeling in the abdomen.* *Phosphoric acid, China, Arsenic., Verat. album* and other remedies failed to check the discharges, although they grew a little less in quantity at each time. Looking at the stools again and again, on the third day I discovered little white particles looking *like sago*,

or *little lumps of tallow, floating* on the surface. This was a key-note. Then I could see *Phosphorus* in the whole case. This remedy in the 3d in solution, a teaspoonful after each stool, cured promptly. (Nash.)

REMARKS.—Where was such a symptom as this produced in proving?

Look in Allen's Encyclopædia, Vol. XII., page 2025: "Dysentery of watery stools MIXED WITH WHITISH, YELLOW AND CHEESY MASSES and tenesmus, though not bloody stools." This symptom in the pathogenesis was observed in a woman who was poisoned with an infusion of matches in 1869, and reported by "Knoevenagl, Berlin Klin. Woch." It has been verified so that it takes its place in "Bell on Diarrhœa"—"*Stools watery with lumps of white mucus or little grains like tallow.*"

(60) CASE.—July 2d, 1890. Male, tall, well formed; age 47.

This illness has been coming on about three years. Has lost 35 lbs. in weight and is steadily losing. Ability to exercise steadily growing less. Sleepless nights.

Two years ago had occasional attacks of diarrhœa, accompanied with abdominal suffering; after these attacks sleeplessness increased. Sometimes the pain in abdomen keeps him awake

nights. Dull aching diffused through abdomen; worse nights; worse when lying in day.

Copious perspiration on slight exertion, very nervous, must keep in motion. Stool light colored. Violent pulsation felt in body. Strong action of the heart and full rapid pulse, 95 to 100.

Had "grippe" last winter and has been losing much faster since.

Greasy cuticle on the urine. Brick dust in urine, not always.

Excitement often brings on a sensation as though the head or skull is divided around above the ears, and lifted up and down. Can sleep in one position as well as in another.

Heat overcomes him quickly, but he is not sensitive to cold. Weak from exertion of body or mind. Must arise in the night to pass urine. Quantity of urine 4 to 5 pints. Specific gravity of the urine 1030 to 1035. Fermentation test gives sugar 12 to 15 grains per ounce.

Rumbling in abdomen. This patient had visited several allopathic physicians who had given him strong drugs, especially *Podoph.*, *Strych.* and *Bark*. He had not received any homœopathic advice. Thirst for cold water. Smarting of anus. Had been told he had fissure of anus. A few days later, after a careful study of all

remedies related to the case, he received *Phosphorus* c.m., which was followed by a sharp aggravation of all symptoms. He improved steadily without further medicine until Oct. 31st, when his symptoms began to return. The sugar disappeared from the urine in a month and has not since appeared. Oct. 31st, same year, *Phosphorus* m.m. (Fincke.) He is in perfect health, doing active brain work, and his endurance is as great as ever. (Kent.)

All schools unite in praise of this wonderful remedy of deep action and wide range. The old school generally use it in some one or other of its chemical combinations, because it is too powerful to use in its pure state. But we know how to potentiate, and so avail ourselves of its wonderful curative powers.

We regret that we must part company with it here, but must do so after giving resume of the "seвийs" which we call ours.

RESUME.

1. Pale, delicate, narrow-chested, phthisical patients; delicate eyelashes, soft hair, or nervous wreck; persons who like to be magnetized, waxy, half anæmic, jaundiced persons.

2. Anxious, universal restlessness, can't stand or sit still, < in the dark or when left alone and before a thunder storm.

3. Burning prominent in every part, as in mouth, stomach, small intestines, anus, between scapulæ; intense running up spine, palms of hands; heat begins in hands and spreads to face.

4. Craving for cold things, ice cream, which agrees, or cold water, which is thrown up when it gets warm in the stomach. Must eat often or he faints; must get up in the night to eat.

5. Sinking, faint, empty feeling in head, chest, stomach and whole abdomen.

6. Cough < twilight till midnight, < lying on left side, > on right side; right lower lobe most affected.

7. Diarrhœa profuse, pouring out as from a hydrant; watery, white or grayish, with particles like sago or lumps of tallow; or dysenteric stools with tenesmus and wide open anus.

ANTIMONIUM TARTARICUM.

CHOLERA MORBUS.

(61) CASE.—I wish here to call attention to the very great value of this remedy in cholera morbus. Raue says, *Veratrum* is the most important and most frequently indicated remedy, and does not even mention *Antimonium tart.* Bell does not give it a prominent place. Jahr does not mention it in his "Forty Years." I first cured myself of a

most severe attack of cholera morbus after the failure of *Ipecac* and *Veratrum*. The relief was so *positive* and the action of the medicine so sensibly felt, and felt again after a return of the symptoms, which were relieved within two minutes after a dose of a few pellets of the third centesimal upon the tongue, that I shall never forget it. The symptoms which were present, and which I have often found present in many cases, and which are invariably relieved by this remedy (see symptoms 19, 20 and 21 Lippe's Text Book) are:

"Violent straining to vomit with perspiration on the forehead.

"Continuous nausea, vomiting and diarrhoea.

"Vomiting of food with great effort, *followed by debility, chilliness and sleepiness*. For the last forty years I have found this remedy oftener indicated in cholera morbus than any other. I use it from the 6th upward." (Nash.)

CROUP.

(62) CASE.—January 23, 1879. A little girl, scarcely more than two years old, was taken with a violent attack of croup. At 6 P. M. her respiration was stertorous, the walls of the chest rising and falling like a pair of bellows. Her head was thrown back, and the eyes were starting from their sockets in the struggle for breath. Her voice was entirely gone; she could speak only in a

hoarse whisper. The skin was hot and dry. Tongue whitish with red points. Not knowing the true *simillimum*, I ordered cloths wrung out of hot water to be applied to the chest and throat, and, after some hesitation, I gave *Bellad.* 200th.

At 8 P. M. I saw her again. She was no better, still I did not change the remedy. Being called elsewhere I did not see her again until 11 P. M., when I found her much worse.

She was throwing herself wildly about. There was cold perspiration upon the forehead; the skin of the face, especially around the mouth and on the cheeks, was of a dusky hue from non-oxygenization of the blood, and there was a *sound in the larynx as of an accumulation of mucus, which would be expectorated if it came up.*

In the provings of *Tartar emetic* made by Hahnemann and published in the Archives in 1824 there are two or three principal symptoms, as follows:

Mucus rattling in the chest.

Oppression of the breathing.

In the morning, at 3 o'clock, he became oppressed so that he cannot breathe.

He must sit up to get air.

When beginning to cough he gasps for air as if he could not breathe.

The first of these symptoms have been brill-

iantly confirmed by Doctor H. N. Guernsey, and expressed in the style of the above italicized symptoms, now forms one of his series of "lay notes." On referring to the *Materia Medica* I found the one symptom upon which I was doubtful, namely, cold sweat on the forehead, in Lippe's Text Book, symptom 69. I, therefore, gave the *Tartar emetic* 54m. in water.

In half an hour the breathing became easier, the voice was regained, and shortly after midnight the cough became loose and of natural tone; large quantities of thick yellow mucus being raised. At 1 o'clock A. M. she could drink water without struggling for breath, and as she had not been weaned, notwithstanding her age, her mother gave her the breast. She continued to nurse for some time without once stopping to gasp. At 2 o'clock A. M. she was sleeping peacefully.

The next day, in disobedience to my injunction, the child was allowed to stand in a draught from an open door while covered with a warm perspiration. That same evening, about 8 o'clock, she was attacked again with the same symptoms in a milder form.

The before-mentioned keynote "cropped out," and I gave her one dose of *Tartar emetic* 45m. on the tongue. In an hour or two she was relieved. (W. M. James.)

PARALYSIS.

(63) CASE.—Mr. Watrous, aged 85, suddenly became paralyzed, one whole side. After a short time he went into an unconscious condition, and his breathing became very difficult, with coarse rattling of mucus and cyanosed look of the face. This looked like paralysis of the lungs, in keeping with the rest of his paralytic state. But he would swallow yet if fluid was put into his mouth. So I mixed a few pellets of *Tartar emetic* c.m. in water, and told them they might give him a teaspoonful once an hour as long as he could swallow. The effect was splendid. He came promptly out of his comatose condition, and lived two years, but, of course, he did not at that age regain the use of the paralyzed side. (Nash.)

Again, I had a very obstinate case of intermittent fever in my early practice. I had floundered around among the routine remedies (*Quinine* among the rest) for weeks, and felt disgusted with *myself*, for I knew homœopathy was all right if I could only apply it; finally on these symptoms—

1. Short chill followed by
2. Long lasting heat, with
3. Somnolency, with pale face and sweat on forehead—

I prescribed *Tartar emetic* 200th. The next paroxysm was much lighter, the next has never come since thirty years ago. It never will. (Nash.)

RESUME.

1. Great accumulation of mucus in the air passages with coarse rattling and inability to expectorate.

2. Face very pale or cyanotic from unoxidized blood.

3. Great coma or sleepiness in many complaints.

4. Vomiting, intense nausea with prostration, coldness and cold sweat and sleepiness.

5. Trembling internal and head and hands.

6. Thick eruptions like pocks often pustular; as large as a pea.

7. Modalities > from expectoration.

CARBO VEGETABILIS.

IMPAIRMENT OF SPEECH.

(64) CASE.—Wm. T., aged 23, occupation clerk, consulted me, complaining of an impairment of speech, which had lasted seventeen years. No cause could be learned, although his mother and others had been interviewed. The case as taken presented the following:

February 16. Mentally he is weak, indifferent for the most part, with times of irritation and petulance. Aphonia < between 4 and 5 P. M., at which time the voice is the merest whisper; < in hot weather, < in winter, > by expectoration of a lump of black mucus. Three and a half years ago he had typhoid fever under allopathic treatment, since which time he is "nervous" with trembling of both arms. This is quite independent of whether or not he works.

Voice lost in the evening, *Brom.*, *Carb. v.*, *Phos.*

< in winter, *Carb. veg.*, *Phos.*

< in wet weather, *Carb. v.*, *Phos.*

< 4 and 5 P. M., *Carb. v.*

Indifferent, apathetic mentally, *Carb. v.*, *Phos.*

> by expectoration of black mucus disregarded, as this is Pittsburgh.

February 18. Gave *Carbo veg.* 1m., single dose.

February 25. Improving, has some voice P. M., S. L.

March 27. Improvement continued until a week ago. Repeated *Carbo veg.*, this time 4om.

April 25. Practically well. Thinks it is wonderful since time and money had been spent. (Richard Blackmore.)

TYPHOID FEVER.

(65) CASE.—During the terrible epidemic of typhoid fever in Ithaca a few years ago I was called in consultation in four cases. One of the worst was as follows: After I had seen three light cases with the physician who called me, we were walking on the street and met a man who shook hands with the doctor; introduced me to him, and then inquired of him about another case (his niece). He answered, there is no hope. Two physicians have just left her to die. Dr. E. then told him that I was there to counsel him. Well, said the man, my brother is poor, but if your doctor will see her I will pay the bill. She was certainly in an apparently hopeless condition. She had had no movement of the bowels for fourteen days, notwithstanding old school cathartics in abundance, and they had informed the family that the bowels were paralyzed and would never move again. The abdomen was enormously distended. She laid upon her back with her knees propped up. She was cold, and pulse flickering and weak; hippocratic face, and they were fanning her to try to give her breath. There was no restlessness like *Arsenicum*. She was past that. In answer to the doctor's look, I said there was but one small chance left, and I felt it. We

dissolved some pellets of *Carbo veg.* 200 in water, with directions to give a teaspoonful once in two hours, and let us know if she was alive in the morning. She was alive in the morning and better, and under the remedy the bowels moved naturally in a couple of days, the tympany rapidly gave way. The *Carbo veg.* was followed by *China* 200, and the girl recovered.

Another case with profuse hæmorrhages and the characteristic *pale ness* of the whole body also recovered. (Nash.)

No stimulants were used. The best stimulant is the homœopathic remedy.

The symptoms and conditions calling for that remedy are, no matter what the name of the disease, well represented in the following :

RESUME.

1. Vital force nearly exhausted, complete collapse.
2. Blood stagnates in the capillaries; venous turgescence; surface cold and blue.
3. Hæmorrhages (nose, stomach, gums, bowels, bladder or any mucous surface) with great PALENESS of the whole surface of the body.
4. Mucous membranes break down, become spongy, bleed, ulcerate and become putrid.
5. Excessive flatulence, stomach and abdomen, pressing upward (*Asaf.*).

6. Hunger for oxygen; decarbonized blood; cries fan me; fan me *hard*.

7. Anæmia, especially after acute diseases, which have greatly debilitated the patient.

SEPIA.

CONSTIPATION.

(66) CASE.—Mrs. A., of Delaware, called on me a few weeks since, complaining of what she termed *dyspepsia*. Upon asking her to state her symptoms in the order of their severity as it seemed to her, she replied that a feeling of *emptiness or goneness in the stomach* discomforted her more than anything else, but she thought it of no account, as she vomited all her food soon after taking it, and she would naturally feel emptiness and goneness from want of food. I desired her to state merely facts, and I would draw my own conclusions. She replied: “It is a fact that I vomit nearly all my food; I have a *painful sensation of emptiness in my stomach all the time; my sleep is broken and does not refresh me; my bowels are very costive, the stools being very knotty and very difficult, and they have scarcely been moved for two years without an injection, and I do not think they would be moved now at all without an injection. My urine*

is cloudy and offensive, and a hard crust settles that is difficult to scrape from the vessel. I am very weak and miserable; have spent over two hundred dollars during the past two years for medicine, and despair of becoming any better; but I was compelled by my husband to consult you.

I always prescribe *Sepia* when a train of symptoms like the above in italics occur in a single case.

In this case I gave the patient a few pellets of *Sepia* 55m., dry, on her tongue, and three packages containing twelve powders each of *Sac. lac.*, one to be taken every night, and enjoined upon her that she should on *no account* resort to any more injections or other measures for the relief of her bowels or of other symptoms, and report to me in forty days. She thought she would not live to see me again if she were to leave off taking injections.

A few days ago she reported she had not vomited since seeing me, her bowels became regular very soon, and that she had no need of injections; indeed, she said she got well so fast her husband was frightened. He was coming to the city that day on business, and he wished her to come particularly and state what had been the matter, as she had been so sick so long, and had

gotten so well so soon. He did not understand it. *Sepia* 55m., a single dose, always produces similar results in similar cases if plenty of time is allowed for the single dose to act. I do not give my experience hastily nor base it on a single case, I only delineate my path where it has been well trodden that others may follow it in safety. (H. N. Guernsey.)

GOITRE.

(67) CASE.—Charlotte S., 33, came to dispensary on June 10, 1909, complaining of enlargement of thyroid gland, only noticed since last November; for which she had been under an old school doctor without benefit.

Gets very hoarse; aching between and just below shoulder blades; leucorrhœa; pleurisy in November; "not got over it." Piles; depressing; she "worries." Rheumatic family history. Vaccinated once; took. Had very bad rheumatism at fourteen; anæmia.

Now thin; sepia face; anæmic; breath fetid. Heart nil, chest nil.

The whole thyroid gland is enlarged, and there is a definite mass in the right lobe measuring about $2\frac{1}{2}$ centimetres across.

Sepia 200, mij, one dose only.

June 14. Rather better; constipation m. b.

August 5. Very much better. "Never noticed thyroid now." Cyst is flatter. *Placebo*.

August 27. Dr. Weir (who saw patient last time also in August) writes: "Cyst much the same, hardly noticed. Rheumatism worse morning; rest; overexertion; beginning to move; better constant motion; heat. *Rhus* 200, three doses.

November 4. Cannot find cyst; practically gone. Still piles when costive. Still some rheumatism. Appetite less good. *Sepia* 200 (only the second dose).

December 14. Patient kindly showed herself to Dr. Searson's post-graduate class at the hospital. The thyroid was seen to be quite normal, and nothing remaining of the cyst.

This was a case of treating the patient instead of treating the outward manifestation of her malady, for *Sepia* does not appear in the list of drugs useful in thyroid complaints; but she was so typically *Sepia* that I was compelled at last to start with that medicine.

But Mr. Ambrecht tells me that "*Sepia* is a marvellous medicine for goitre," as he has experienced with many Swiss girls with goitre that he has had in his employ; "but," he adds, "*they all had Sepia symptoms.*" (Margaret A. Tyler.)

This case illustrates an important principle in homœopathics, viz., that remedies have an affinity more or less strong for certain persons. This was recognized by Hahnemann, Hering and

the masters along down to the present time. This was designated under the "rubric" "constitution or temperament." Nor does this militate against Similia at all, as some have supposed. No remedy in proving could make a temperament. But a certain temperament may be more susceptible to one drug than another, and, that being true, symptoms and conditions will naturally arise in such a temperament as will call for that drug, and so Mr. Armbrecht observes, in corroboration of this case of Dr. Tyler's, "*They all had Sepia symptoms.*" No one would claim that *Nux vomica* symptoms might not appear in a *Pulsatilla* subject, for they might and *Nux vomica* be the simillimum, but they would not be so apt to do so.

They would be an exception.

I remember a remarkable case under my own observation. A young lady had a very obstinate and very distressing itching eruption on the skin all over her body. I could not name it with certainty and cannot now.

She was sick in bed with it, and I could not give her relief for a long time. Baffled and chagrined I sat by the bedside looking at her, and all at once the thought came to me, this is a pure *Lycopodium* temperament. Brunette, dark eyes, complexion and hair; keen intellect but rather

feeble muscular development. Upper part of body and face thin, lower limbs large; nervous, irritable, ungovernable, etc.

Yes, but what about the skin symptoms? I knew it *had* marked skin symptoms, but was not so sure that they corresponded to this case. I was some distance from my office or I would have referred to the materia medica then and there. I gave a dose of *Lycopodium* 200th. The next day I met the father on my way to see her. And he accosted me, Hello! why did you not give Anna that medicine before? Why, said I. Why it has done her more good than all the rest you have done for her. She is a new person.

Without transcribing the symptoms here, when I came to look them up the skin symptoms were remarkably similar to those of my patient. *Lycopodium* was the simillimum temperament and all, but it was the recognition of the *temperament* that led me to it in this case. Now I admit that I ought to have known the symptoms or have studied until I did, but I was glad that I did know something about the importance of temperament in homœopathic prescribing, and did not ignore it.

The *Sepia*, *Calcarea carb.*, *Nux vomica*, *Chamomilla*, *Pulsatilla*, *Sulphur*, etc., temperaments are familiar as household words, and we do well to recognize it. (N.) *Treat the patient.*

PROCIDENTIA.

(68) CASE.—Mrs. Alice W., age 56, was admitted to the hospital with the following symptoms: Face pale, yellow spots on the face and saddle across the nose; throbbing headache every morning on waking and lasting all day; her abdomen naturally was very large, and she was greatly annoyed by rumbling in the abdomen. All kinds of food disagreed, causing bitter eructations; she also had a full feeling after eating. She had complete procidentia, with dreadful bearing down feeling, relieved by crossing the limbs.

Gave *Scpia* c.m., one dose. Next day she did not complain of the headache, but she suffered very much from colicky pains in the abdomen. I neglected to say that she also had desire to urinate very frequently; this symptom was also relieved. The condition of the stomach improved each day, until at the end of three weeks her appetite was quite good, and the uterus, though not in its normal position, had been drawn up into the vagina, and caused her little or no uneasiness. She returned to her home (from the hospital), did her own housework. I told her to come for medicine when she felt symptoms of her old trouble coming back; she comes back for medicine once a week (placebo), as she wants to

keep up the medicine that has done her so much good. The patient has had five doses of medicine, repeated every five weeks, and is growing stronger and better in every respect each day. (Dr. Jennie Medley.)

It would take many cases to show the wide range of action of this wonderful medicine known only to homœopathy. We cannot use the space here, but will proceed to give our resume, around which the whole drug revolves.

RESUME.

1. Bearing down pains; must sit close and cross her legs to keep something from coming down out of the vagina.
2. Sense of fullness and weight in pelvis, pressing down into anus, as if a ball or weight; oozing of moisture.
3. Flushes of heat and perspiration, especially at climacteric.
4. Painful sense of emptiness or goneness at pit of stomach.
5. General relaxation; weak, faints easily, while kneeling at church; falling womb and pelvic organs; drooping eyelids; weak back < on walking.
6. Cachectic yellow face, with yellow saddle across the nose; moth-patches; ringworm.
7. *Modalities*, < standing; walking slowly;

sexual intercourse; jar; after sleep; laundry work; milk (diarrhœa); climacteric; kneeling at church; > sitting with legs crossed, loosening clothes; walking fast; open air.

I said at the end of my lecture on *Sepia* that if there was one word more than all others that would express the genius of *Sepia* it is the word RELAXATION.

PICTURE.

Uterine ligaments relaxed, letting everything down.

Stomach sinking, weak, gone or faint in consequence.

Rectum, can't expel fæces.

Face, sunken, eyelids drooping.

Back, great sense of weakness, < walking.

Veins, relaxed, engorged, portal stasis.

Capillaries, capillary stasis, brown spots.

Averse to coition (no power to enjoy).

General, faintness, at trifles, riding, walking, kneeling, etc.

Will, power gone, *indifference*.

OPIUM.

INSOMNIA.

(69) CASE.—Miss B., school teacher, brunette, age 26, had taught for several years, and was very

nervous and worried much about her work. She asked me to give her something for insomnia. Had taken sulphonal, but feared she would get into the habit of it. She was sleepy more or less in the daytime, and in the evening before going to bed, but as soon as she was in bed the sleepiness vanished, and she would lie awake for hours. She was not restless, did not twitch or jerk; the only marked symptoms that she had was that her hearing was very *acute*; said she could hear every noise within a mile of her—dogs barking, roosters crowing, etc. I gave her three powders of *Opium* 30, with instructions to take one when she went to bed at 10 P. M., and the others when she heard the clock strike. She only took one, as she was asleep in a short time after the first dose. She had one or two similar attacks of insomnia afterwards, but *Opium* 30th always relieved. (Ella M. Tuttle.)

TYPHOID.

(70) CASE.—January, winter of 1904, I was called in consultation with Dr. D., of New York, to a case of typhoid fever. Found the patient who had been sick two or three weeks (I forget which) lying on his back with eyes half closed, in heavy sleep and heavy breathing, and very red face. It was very hard to get him to recognize any one, and then he relapsed immediately into

the soporous state again. There had been intervals when he had roused into actual delirium, but the soporous condition had predominated. He was an operator in Wall Street, and his delirium was mostly along the line of his business. For this in the earlier stage he had received *Bryonia*, but as the present state obtained, the doctor had given him *Hyoscyamus*, which had been faithfully adhered to for several days. The doctor is a fine prescriber, but on looking the case over again carefully I said *Opium*. We gave it in the 30th, and the next day as we walked into the sick room the patient exclaimed, Hello! doctor, how are you? Every symptom had correspondingly improved. I saw him for six days afterward, and the improvement continued. The doctor said that he had to have a few doses of *Rhus tox.* afterward, and made a good recovery. (Nash.)

It is sometimes difficult to choose between *Opium* and *Hyoscyamus*, but I have found, as a rule, that with the former the sopor was the predominant condition, while with *Hyos.* the high grade delirium was in the ascendancy. But both remedies have these alternating. This dual action of drugs must never be lost sight of. Here are two cases which illustrate it, *ab usu in morbus*; stertor or sleepiness, the primary of *Opium*

action, and the sleeplessness the secondary or reactionary effect. Again, I may be permitted to refer my reader to "Leaders in Homœopathic Therapeutics," page 298, 3d edition, for further explanations along this line.

CONVULSIONS.

(71) CASE.—Child woke up apparently frightened, crying and screaming to the full extent of its lungs, refusing to be consoled; finally spasms in the midst of extreme tossing and restlessness; it jerked from head to foot, and threw its head as far back as possible, with upturned eyes, open mouth and quivering chin; *legs and arms spread*. The spasms ended in sleep, a heavy *guttural breathing*, and an occasional deep, *prolonged sigh*; tremulous limbs, hard abdomen and feeble, quick pulse were the most prominent features present. After half an hour of this tiresome sleep it roused, screaming, with tossing and trembling of head and limbs, and short jerks of the flexor muscles, and lapsed at once into a hard, irregularly developed spasm with all the characteristics of the first. *Opium* 30 cured. (Baer.)

RESUME.

1. Abnormal painlessness.
2. Want of susceptibility; lack of vital force; blunted morals; worst liars in the world.

3. Reverse peristalsis and fæcal vomiting.
4. Fright; convulsions; fear of the fright remaining.
5. Sleepy but cannot sleep, hears every sound not ordinarily noticed.
6. Very hot, profusely perspiring skin.
7. Profound stupor, with dark red face and stertorous breathing.

ARSENICUM.

CANCER OF STOMACH.

(72) CASE.—July 31, 1887, I was called to J. P. G., aged 66, tall, spare man, stoop-shouldered, emaciated, of a yellow, waxy complexion; his lips and tongue of the same color. A more complete pallor could not be. For more than twenty years he had been a constant sufferer from a disordered stomach, which physicians had characterized as dyspepsia and gastralgia. For the last year or more it had been attended with frequent vomiting of his food, especially if he took any solid food, for which reason his physician had put him on exclusive diet of peptonized milk, to which he had been confined for something over six months. He was expected to take three quarts daily, taking a given quantity once in three hours. Sometimes the stomach rejected it very

soon, and at others he would go two or three days without vomiting.

Hunger was a constant symptom. The emesis usually occurred without nausea, but was always preceded by intense pains in the hypogastrium and violent eructations of tasteless gas from the stomach, affording momentary relief. Escape of flatus from the bowels also afforded relief. He has a double hernia of some six years' continuance, and a chronic prostatitis, which for some ten or twelve years has compelled him always to use a catheter to void urine. During these attacks of violent pain, ending in vomiting, and at some times it was impossible to pass the catheter until he could get an escape of flatus from the bowels, when it would pass without difficulty.

His sleep was much disturbed, and when he slept he was sure to wake about three in the morning, and lie awake till after daylight. There was much burning and soreness of the stomach, for relief from which he took domestic soda as he judged best.

At the time of my visit he had just reached home from a summer resort, whither he went by the advice of a physician in hope of improvement, and was in the midst of one of his attacks of severe suffering, which had attended him all the way on his journey home, and was so severe that

he and his friends thought he would die before he got home. I found him in bed, but in such agony that he was all over it in his efforts to get relief from change of position; at one moment sitting up and belching off quantities of tasteless flatus, the next lying on his face or bending over to press the legs against the abdomen. He was thirsty, but dared not drink because water distressed his stomach. The pains he described as burning, grinding, pressing and sometimes cutting and tearing. His bowels were constipated, seldom moved without enemata.

I gave *Nux vomica* 30 in frequent repetition, but without any apparent relief till he vomited about an hour after my coming.

He ejected fully three pints of a milky fluid, like milk mixed with water slightly muddy, having a slightly sour taste and odor, but without coagula. The vomiting gave instant relief, and I left him on the *Nux*, a dose once in three hours.

July 31. Found him cheery and comfortable. The milk was discontinued and gruels substituted. The remedy continued.

August 1. Found him comfortable after a fair amount of sleep during the night. Continued the remedy. About 9 o'clock in the evening of that day was called again to see him, and found him again in great distress, which continued till after

midnight. At times he would belch volumes of flatus with relief for a moment. He was much inclined to bend over, pressing his abdomen or arms folded across his legs, sometimes with a pillow and sometimes without. I gave *Colocynth* 30 every few minutes. After an hour or more I made a thorough exploration of the abdomen, and found what seemed to me an evident thickening of the wall of the stomach near the pyloric orifice, so marked as to suggest cancer, which had not before occurred to me. At last, after nearly four hours of dreadful suffering, he vomited again about three pints, and was relieved.

The matter ejected had the color and appearance of unsettled coffee. He was left on *Coloc.* 30, once in three hours, if awake.

August 2. Found him free from pain after a good sleep. The ejecta of the night before, as much as a quart bottle would hold, looked like coffee, and the apparent grounds occupied about one-third of the space.

The gravity of the case was such that I suggested that they might like further council. The suggestion was gladly accepted, and the patient and his wife made choice of Dr. Smith, a homœopath of large experience, residing in Geneva, N. Y., and of their friend, and for six years attending physician, Dr. Coe, who is a so-called

"regular." Some three days later they met me at his bedside. Meantime the patient had been on *Ars.* 40m., Fincke, in solution, a teaspoonful once in three hours, with no vomiting till the morning of our meeting, when vomited about a half pint of coffee grounds after a short period of suffering similar to that described above but much less intense. After giving the council a statement of the case, I asked them to make an examination and diagnosis. Dr. Smith very soon satisfied himself that there was thickening of the stomach in the region of the pylorus. Dr. Coe made search for it, and thought he could feel it, but was not quite clear that he did so.

I then exhibited the ejecta of that morning and of three days before, when both were of the opinion that the case was one of cancer of the stomach. Prognosis very unfavorable.

No change was made in the remedy, and the *Ars.* was continued once in four hours till the 8th of August, when it was so evident the patient was improving that *Sac. lac.* was substituted.

I saw him every day, but while his ability to take nourishment improved daily so that he could chew a little beef once or twice a day with relish and comfort, the constipation did not yield, and he got on the 25th of August *Nux vomica* 50m., one dose, followed by *Sac. lac.* A second dose

was given September 5th, and then *Sac. lac.* continued. The constipation was relieved, and the case was dismissed September 22d without further medication.

Improvement began with the administration of *Arsenicum*, and there was no vomiting after the morning of the council, but he was so feeble as to require daily visits till the 31st of August, though before this he had taken several short drives in an easy carriage. For ten or twelve days before he was discharged from my care he was in his office and at work several hours each day.

On the 26th of April last he called to tell me he was to leave with his wife the next day for Colorado. He added that he weighed 185 pounds, more than ever before in his life, and said he had the appetite and relish of a boy. His pallor was entirely gone, and his cheeks were fairly ruddy. (Hawley.)

CANCER.

(73) CASE.—I had a similar case. It was of long standing. The tumor of the stomach or rather just below the pit of the stomach was the size of my two fists; it was very large. After the coffee grounds vomit appeared twice then came a large wash bowl full of vomitus looking like molasses; these were signs of dissolution. That case received one dose of *Arsenicum* at that time,

and has never received a dose since, and she has been well for two years. No repetition of the remedy. (Biegler.)

ECZEMA.

(74) CASE.—Florence Johnson, a young woman, had been afflicted a long time with chronic gastritis. She was unable to take ordinary food without great *burning* and distress in her stomach. This condition of stomach was relieved when she had eczema of both ears, which was intensely painful and *burning*. She would sometimes succeed in healing the ears, but in proportion as she succeeded in that the stomach symptoms returned. Then she would get very poor in flesh. I had given her *Sulphur* and *Graphites* without perceptible benefit and also *Arsenicum* 30 and 200. Finally I concluded to try the *Arsenicum* higher. Gave her *Arsenicum* 37m., made on my own potentizer, and the effect was wonderful. The whole trouble promptly yielded, and she had no trouble since now several years. I forgot to say that she also had scalp trouble of a similar nature with that of the ears, which also subsided. (Nash).

MEASLES.

(75) CASE.—Jennie Marit, young lady, had measles; everything went well for a few days. The eruption came out all right, when all at once,

in the night, the eruption, without apparent cause, disappeared from the skin, and intense dyspnœa with great *restlessness and tossing about in agony and extreme prostration* set in. These were all *Arsenicum* symptoms, and this remedy in frequently repeated doses relieved all those distressing and dangerous symptoms in a very short time, and she made a rapid recovery. (Nash.)

GASTRALGIA.

(76) CASE.—Mrs. Hayford, age 35, had severe attacks of gastralgia. They came on a little *after midnight and lasted until 3 A. M.* I asked her what was the character of the pains. She answered, *burning* as if my stomach was full of live coals. What have you done for yourself? Everything I can think of, but the only relief I can get is to walk the floor with a *hot water bag* held across my stomach. I am blistered now with it, and I am growing weak from pains and loss of rest, fairly *prostrated*. The veriest tyro would not hesitate to prescribe *Arsenicum* for such a case, which I did, with a promise to call next day. I was very busy at the time, and forgot all about the case for a week, when, passing the house one day, it came to mind. Then I went in and found the patient at her house work looking bright and happy. Well, said I, how are you? Are you dead, well or got another doctor? I forgot you.

She answered, I am not dead or sent for another doctor, and I haven't had any more of those attacks of pain; but, doctor, would that medicine send out salt rheum? Ah, you had salt rheum before you had the gastralgia. Yes. You cured or rather suppressed it with an ointment. Yes. That was the cause of your trouble in the stomach. But, doctor, I don't want either. We'll try to make you better of both. Which we did by letting the *Arsenicum* act.

She moved away from Cortland about a year after, and, while not entirely cured of the eczema, was very much better. (Nash.)

I have given these three cases of my own here not only to illustrate the homœopathicity of *Arsenicum* from the symptomatic standpoint, but to also show the intimate relationship of skin to internal affections, which some deny. *Arsenicum* is certainly one of our greatest antipsorics.

It would take a book larger than I propose to make this one to sound the praises of this remedy of wide range and deep action. (N.)

A .COMPLICATED CASE.

(77) CASE.—Mrs. B., aged 45, had for many years suffered from a very delicate and irritable stomach, from cankerous sore mouth (cured by *Phytolacca*), all in consequence of what is mis-termed scientific treatment. She also had suffer-

ed from hay fever, regularly returning every year on the 16th of September.

Mrs. B. returned from Europe, after an absence of several years, on the 26th of July last; the voyage had been a very unpleasant one; she had been very seasick all the time. From the time she left Liverpool till she was visited by me, on the 27th of July, she had taken literally no nourishment; broken ice was the only thing that had passed her lips. I found her sitting up, occasionally straining to vomit, very weak, pulse 116 per minute; she complained of a violent pain in the occiput, with great heat, which she had tried to relieve by applications of broken ice; urinary secretions suppressed; mouth dry and hot; she had not slept for a fortnight, and could not lie down on account of great nervousness, as she expressed it, which compelled her to change her position and her chair so very often; she wandered about all night from chair to chair; was very disagreeable; perfect loathing of food, and for a few days had a watery, very offensive and black looking diarrhoea. The choice of the remedy was easy enough. I gave her one dose of *Arsenicum alb.* 50m. (Fincke), on her tongue, July 27th (10 A. M.). July 28th had slept in her bed from 10 P. M. till 1 A. M., then became nervous and restless, but says that she feels better. No medicine.

July 29. She has been in bed all night; slept; and no return of the diarrhœa; urinary secretions re-established; the hot water applications to her head have very much relieved the pain; had later some milk toast, and relished it; pulse below 90; is cheerful and hopeful.

July 31. Had a still better night; is better in every respect, but complains of severe pains in a bunion on the left foot; it is much inflamed and stings. I gave her now one dose of *Nitric acid* c.m. (Fincke).

August 1. The bunion is less painful, otherwise there is not much change perceptible.

August 2. Bunion still improving, and on August 3d no more pain or inflammation in it. In the evening, same day, I was again summoned to see her; found her quite ill; the diarrhœa and vomiting had returned with great violence; pulse over 110; the same headache as on the 27th had also returned, also the great restlessness. Gave her one dose of *Arsenicum album* (Fincke) dry on her tongue. Found her better the next day, and the improvement continued; on the 6th of August her bunion began to pain her again as on the 21st. Gave no medicine. Improvement continued satisfactorily; when the 16th of September came she had that night, about one A. M., some oppression of breathing, which reminded her of

the terrible asthmatic attacks she had had years ago; she had to sit up for half an hour. *No medicine*. She fully recovered and travelled for some weeks; had no hay fever; really has had nothing to complain of since; enjoys better health than she has had for years. (Ad. Lippe.)

This is a very instructive case, and illustrates several well known principles. First, the *Nitric acid* should not have been given because the bunion was only a part of the disease condition for which the right remedy was already prescribed. This was proved in the fact that when the bunion disappeared the original symptoms returned. Hering used to say that when a disease traveled from within outward it was all right, but from without inward was wrong. We all know that this is eminently true in regard to eruptions on the skin. In other words, if a disease moves from vital organs or centres outward or downward to the extremities it is favorable. Let the remedy that has caused this act. Again, we are taught here that although a mistake was made here (and the best prescribers sometimes make them) it was not irreparable, and the original remedy repeated cured the case. Mistakes, however, are not always so easily repaired, so it stands us in hand to observe closely what an apparently new symptom or condition means before we meddle.

This case of Dr. Lippe's (who was one of the best prescribers that ever lived) is taken from the "Organon" (Journal), Vol. I., page 39. He has there given a more exhaustive commentary on the case, which is too lengthy to transcribe here. It is well worth hunting up and reading. (N.)

SCIATICA.

(78) CASE.—Mrs. Jehial Clark, aged about 60, was afflicted with one of the worst forms of sciatica. Her brother, Charles Sanders, of New York, of "School Reader" fame, was already a cripple from the same disease, allopathically treated. In this patient's case the pains were intense, with decided burning sensation. They were greatly aggravated from 1 to 3 in the morning. She was greatly prostrated from her suffering. The only way she could get any rest (for she was exceedingly restless, continually wanting to be changed from place to place) was from bags of dry hot salt continually applied along the nerve. There were other symptoms, but these are enough to show the remedy that a homœopath would naturally prescribe. *Arsenicum alb.* was given in the 30 and 200. To my surprise no good came of it. Then *Sulphur* was given in the possibility that psora was complicating matters, but with no good result given. Now other remedies were tried, but, of course, ineffectually.

I had one thing in my favor, the history of her brother's case, which had run much longer than hers. So there was no object in her changing to the old school; especially as he had been left an incurable cripple. It was in the earlier part of my practice, so I had not gotten much above the 200th potency then. But I had a graft of Jenichen's 8,000th in the office, so as nothing else did any good I concluded to try it. It was given in solution with rapid and permanent relief. She was well in an incredibly short time, and never had a return of the trouble, although she had suffered for four weeks before she got this preparation. (Nash.)

This case illustrates the importance of our third principle, viz., the *minimum dose*, and needs no discussion. (N.)

RESUME.

1. Great anguish and restlessness, driving from place to place.
2. Great prostration (sometimes sudden), sinking of vital forces.
3. Intense burning sensations.
4. Intense thirst, drinks often but little at a time; cold water disagrees.
5. Dyspnœa, or difficult breathing on motion, especially on ascending an eminence.
6. Vomiting and stool simultaneously, < after eating or drinking.

7. *Modalities*, < in cold air, from cold things, cold applications and 1 to 3 A. M. > in warm air or room and hot applications to affected parts.

See "Leaders in Hom. Therapeutics" for other leading symptoms.

MOSCHUS.

ANGINA PECTORIS.

(79) CASE.—An old lady, Mrs. C., aged about 72, consulted me in September, 1877, for a sensation of trembling around the heart, with constriction in the whole chest, almost suffocation

In fact, the symptoms much resembled angina pectoris, and to confirm that diagnosis an arcus senilis existed, though not marked. Her pulse was 88, and the respiration oppressed. *She felt continually obliged to take a deep breath.* My partner, Dr. T. R. Jones, now of Birkenhead, happened to come in, and agreed with me that *Moschus* was indicated. I had by me a new case of thirties, chiefly American triturations. I at once gave one grain of *Moschus* 30 trit., dry, on the tongue, and dissolved three grains in eight ounces of water, directing a dessertspoonful to be taken every two or three hours. After the first (dry) dose Mrs. C. felt much relieved, and after three more doses was quite well.

Three months afterwards a similar attack, not so violent, was cured just as quickly by *Moschus* 30. (J. M. Moore, M. D.)

"The keynote in this unique case of Dr. Moore is evidently 'Tightness of the chest so that one is obliged to take a deeper breath than usual.'" (Allen's Encyclopædia, Vol. VI., p. 407.)

Moschus is apt to make no figure in the minds of physicians, because it is used as a perfumery with no apparent harm in many cases. But this is not a good or sufficient reason for underestimating it as a remedy. Kent and Cowperthwaite do not notice it in their *Materia Medica*s. Lippe (Text Book) does, and I have verified the symptom, "Suffocative spasmodic constrictions of the chest, especially as soon as he becomes cold," as recorded there.

Its beneficial action is not confined to hysterical cases, although it is pre-eminently useful there.

DIGITALIS.

DROPSY.

(80) CASE.—A boy had scarlatina. On the twelfth and thirteenth day from the appearance of the rash he had swelling of the right hand and fingers, with scanty, high-colored urine. *Digitalis* c.m. (Fincke) every four hours for four

doses. Next day hand nearly well, urine freer and paler. Recovered. Forty-one remedies are given by Boëninghausen and Jahr under "Swelling of the hands." This list does not include *Cactus* or other recently proved remedies. Neither the swelling nor the highly-colored, scanty urine is diagnostic of any one remedy, being found under many. Shall we theorize, pathologically, and argue that as the kidneys were the source of the mischief we must direct our efforts to the establishment of their secretion? If so, what shall we give? Shall it be *Digital.* or *Apis* or *Terebinth*? All, and many more, act on the kidneys. No, the homœopathic physician takes note of apparently insignificant symptoms, which to the pathologist (only) are of no value, because he cannot explain them. In this case the *right* hand and fingers were swollen.

This symptom is of no importance to the pathologist; what does it matter to him whether the right hand or the left is swollen in post-scarlatinal dropsy? The homœopathic physician, however, finds out that only five of the above forty-one have "Swelling of the *right* hand," *Digit.*, *Hepar*, *Lycop.*, *Nat. mur.*, and *Phosph.*, and of these only *Digit.* has in the same symptoms, "Swelling of *right hand and fingers.*" Another peculiarity unexplainable to the pathologist.

Phos. has indeed swelling of right index finger as well as the hand, but here the swelling becomes black and gangrenous, which is a contra-indication.

Merc. sol. has swelling of *left* hand, and *Cactus* oedema of *both* hands, *worse* in the left. (Berridge.)

DROPSY.

(81) CASE.—In 1865 I was called to a man, Mr. Matthewson, aged about 80 years, who was sitting upright in his chair because he could not breathe lying down. He was a man who did not like to call a doctor, so had come to a very bad state at this time. I found hydrothorax, of course, and his lower limbs were greatly swollen and very hard, but readily pit on pressure, and stay pitted a long time after. Dark red, almost purple spots had appeared on the lower legs, as if the tissues were about to become gangrenous. Heart action very weak, at times very slow, and again at times rapid, irregular and intermitting. Respiration very difficult; could not lie down; had sat in his chair for three weeks. Suffocative constriction, distressing dyspnœa, wants to get a long breath, and, on account of the effusion in the chest, heart sounds very muffled. Urine very scanty and red.

The diagnosis was, of course, cardiac dropsy. By referring to Allen's Encyclopædia it will be

seen that *Digitalis* covered all the heart symptoms. I gave it first in the potency (30), then lower, finally drop doses of the fluid extract. No result. The patient then expressed a wish to see an eclectic physician. So I brought him in. He looked him over, and on the way home I said, Well, doctor, what shall we give that man to cure him? He looked at me resentfully, and exclaimed, Do you think I am a fool? No, I replied, I thought you knew something or I would not have brought you down here. Well, said he, you know this man will die within two weeks if you know anything. I didn't say. But I went home, went up to the drug store and procured some powdered digitalis leaves, made a 1st decimal trituration, and said to myself we'll see what a decoction will do, and, old man, you either die or get well on this. I put up some one grain powders and told the nurse (his wife) to put one in the bottom of a teacup and pour the cup half full of hot water and let it stand an hour, and then let him drink it, and repeat once in two hours. Next day he was no worse apparently; thought he *felt* a little better. The next day the urine increased and soon became very profuse, and all his symptoms rapidly subsided. Then the intervals between powders was increased to two hours, four hours, eight hours, twelve hours, twenty-four hours, etc.,

and finally left off altogether. In one month he came up town, nearly a mile, and carried home a bushel of cornmeal on his shoulder. I met him a few months after and jokingly said to him, Well, old man, aren't you ever going to die, can't anything kill you? Well, said he, I don't know, I guess not; you tried *your* best. There was never any return of the dropsy, and he lived seven years after and died of old age simply, as near as I could diagnose. (Nash.)

I have in several other similar cases seen this decoction of *Digitalis* do good work when the fluid extract in old school hands failed, also when the potencies and alcoholic preparations failed.

I prescribed upon the *symptoms* above named and cured the man, whatever the pathology of the case.

In the Hahnemann Monthly (Journal), A. D. 1871, page 171, is an article from the pen of our ever beloved and honored Constantine Hering, which is entitled "The Great Desideratum."

In my opinion it is a masterpiece which should be reproduced often and never lost sight of. Want of space forbids quoting it entire in these pages, but I will, I hope, be pardoned for making somewhat lengthy quotations from the same.

"In 1844 there appeared in the A. H. Z., Vol. 27, page 1, a very elaborate treatise on the ho-

mœopathic treatment of endocarditis, by Clotar Mueller. To the symptoms obtained by the provings he has added, not without skill and great ingenuity, the symptoms of percussion and auscultation, according to the cures reported. Iback and Tinks in their Handbook had just commenced to astonish the homœopathic world by their readymade '*labels*,' containing, in technical terms, the constitution, temperaments, and all the undefined general characteristics of many of our drugs. These labels were eagerly translated and copied into an 'original' big book on materia medica; and now many years after they pass for essentials in Hughes' Text Book. Yes, finding their way even into Burt's '*Characteristics*.' " Such "labels" we can best liken to the red and blue flowers growing in wheat fields. When the grain is harvested and prepared to yield such flour as we made bread of they are separated and thrown on the dunghill. Sure observations live forever.

Cl. Mueller must have had a foreboding of this, for he says on page 57: "Next to *Digitalis* no other remedy deserves a new proving as much as *Spigelia*, that is, a proving having for its object the auscultatory symptoms. Such a proving would give with the very extraordinary specific influences *Spigelia* has on the heart a great many more decisive and more certain results."

It bothers our learned author not a little that according to the cures made by homœopathicians *Spigelia* had shown itself of great use in pericarditis, in all the stages of endocarditis, even the far progressed, in valvular diseases of different kinds in hypertrophy, and, alas, also in dilatations. He wished, like Watzke, in the Vienna provings of *Colocynthis*, *Aconite*, etc., to have such symptoms as would, above all, enable him to put *Spigelia* into one of the drawers of the sideboard invented by the pathologists of the late period.

In Edwin M. Hale's "Lectures on Diseases of the Heart," 1871, on page 88, we find the following remark: "*Spigelia* is an important remedy in pericarditis, but the provings were conducted with such disregard for physical or objective symptoms, or even correct subjective symptoms, that it is difficult to define clearly its curative sphere." By "curative sphere" the author cannot mean any thing else but those above mentioned drawers in the sideboard.

There was no difficulty whatever to "define clearly" the effect of a number of herbs proved in a hurry, by a few, who were at the same time in a hurry to cure sick people with indigenous plants. The reason why there is such a difficulty here to "define the sphere," and to define it "clearly," is only *because it will not fit in the drawers*. And

why does it not? There are too many symptoms, and there is a want of such as the author requires to "define the sphere."

But there is a school of medicine founded by a certain Hahnemann, who laid down as a main principle to *select the curative drug, according to symptoms, not according to spheres*. Now it happened that *Spigelia* had been given according to the corroborated and characteristic symptoms, not only in so many different diseases of the heart, but also in inflammatory diseases of the brain, the eyes, the lungs, in neuralgias of the eye, the face, the shoulders, the feet, etc., etc., also in catarrh of the stomach, in affections from worms, and even for squinting. *Well, we have to put the heart or the worms in the centre of the sphere."*

Then Hering goes on to give quite an extensive history of the provings of *Spigelia*. After that is done we quote again: "But what is the great *desideratum* so ardently desired, from Cl. Mueller in 1844 down to the 'Lectures on Diseases of the Heart,' in 1871? It has been repeatedly said during a quarter of a century that the provers ought to get "auscultatory symptoms." This was said first by one, then by two, three and so on, and now it has become what some call 'a public opinion,' an opinion of the majority. Let anyone read the words (V. II., p. 390) in Shipman's *Grauvogl*

(and all ought to have it), "Assent becomes a duty." "

What is commonly called *public opinion* is, plainly speaking, the opinion of two or three persons, and we should convince ourselves of the truth of this, could we but see into the mode in which this public opinion originated. We should then find that there are two or three people who first assumed or decided or affirmed that such and such a thing was so without taking the trouble very thoroughly to examine it. Taking for granted that these had sufficient capacity of judgment, a few others also accepted their opinions; these again are believed by many others, whose indolence rather inclines them to believe it at once than to take the trouble to test it. Thus grows from day to day the number of such indolent, easily believing adherents; for if the opinion had only gained a goodly number of advocates, those who adopted it afterwards attributed its prosperity to the *quasi* fact that those already accepting it would have done so only on account of weighty reasons. Others were now constrained to accept what everybody else accepted, lest they might pass for restless souls who were setting themselves up against generally received opinions, and for malapert hinds, who would be wiser than the rest of the world. Assent now becomes a duty.

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Now the few who are capable of judging must be silent; and those who are permitted to speak are those who, perfectly incapable of forming their own opinion or judgment, are the mere echo of the opinions of others; nevertheless, they are all the more zealous and intolerant advocates thereof. For they hate in those thinking otherwise, not so much the diverse opinion they hold, as the arrogance of daring to judge for themselves; something, by the way, which they never venture themselves, of which they are at least conscious.

In short, very few can think, but all claim the right of having opinions; what else then remains for these latter, since they cannot make opinions for themselves, but to adopt the ready-made opinion of others? As this is the case, of what avail now are the voices of a hundred million of men? "Dieo ego, tu dicis, sed denique dixit et ille; dicta que post toties nil nisi dicta vides!"—*Text-book of Homœopathy*, by D. V. Grauwogl, Part II., p. 390, *et seq.*

Auscultatory symptoms of provers are, of course, welcome, like all the other objective symptoms; but it is a horrible mistake to suppose that there is so much depending on them. There is no necessity, no gain of certainty, in obtaining any auscultatory symptoms from any drug! In thou-

sands of cases the remedy has been found, without having any such extreme or material symptom. We have to decide by the individualities of the given case, and we'll heal the sick by drugs that never produced such symptoms, and very likely never will. *Vice versa*, if a drug has really produced valvular alterations, hypertrophy or dilatation, tubercles in the lungs, or exudations on the pleura, or anything else. And a drug never will cure the same unless the *characteristics of the case correspond with it*, and if these correspond it will cure it, and the organic lesion will, if it is a possibility, be removed. No matter if the drug never *has* nor *will* produce it. Guiseppo Mauro cured a case of hypertrophy with the sound of the purring of a cat (Arch. X., 1, 159) according to the symptoms of Hahnemann's provers, without any auscultatory symptoms; and Bethman (A. H. Z., 3, 109) a case of dilatation, where the stethoscope manifested the undulatory motion of systole and diastole, without any such symptom having been observed by any of the provers of *Spigelia*. A. Haynel, P. P. Wells, and others have treated the worst cases of valvular diseases with the greatest success, and given *Spigelia* without having a single auscultatory symptom of the same.

Sulphur has been proved by nearly fifty prov-

ers; not one of them had exudation of the pleura. We know it has cured innumerable cases.

It is a great mistake to say that if a drug produces a disease, particularly an organic lesion, it will cure such disease. It may, but only if it corresponds with the case, and it will then, if it never produced any such organic symptom."

This is a long quotation from the above referred to article, but is well worth the space. If the writings of the masters who followed Hahnemann when the sure foundation of the homœopathic healing art was laid were referred to and studied and applied, there would be less mongrelism and less bungling.

JAUNDICE.

(82) CASE.—Wm. R. Cole, young man of excellent habits, after a few days of feeling dull, weak and sleepy, was suddenly taken with nausea, vomiting, and *weak, gone feeling* at the stomach. The matter vomited was very yellow and very bitter. In a short time he became very jaundiced. The sclerotic, skin, and even the nails were as yellow as gold! The stools were perfectly colorless or gray, while the urine was dark brown like lager beer. In the vessel it colored the ware as yellow as gold. The pulse was *very slow, only thirty beats per minute*, and very weak and occasionally intermitted. *Digitalis* 3d centesimal, in

solution, once in three hours cured. A few years after and after his marriage he had a similar attack, though not quite so severe, which the same remedy again cured. This was the last since, now at least ten years. (Nash.)

RESUME.

1. *Very slow*, occasionally intermitting pulse or rapid and frequently intermitting pulse.

2. Weak heart, with faintness or sinking sensation at stomach, feels as if the heart would stop beating if she moved.

3. Blueness of skin, especially eyelids, lips, tongue and nails, cyanosis.

4. Respiration irregular, difficult, sometimes performed with frequent sighs.

5. When going to sleep the breath fades away and seems to be gone, then awakens with a gasp to catch it; cannot get to sleep on this account. (*Grindelia* and *Lach.*)

6. Vertigo in the aged, with very weak, slow pulse.

7. Ashy-gray stools, either formed or watery, with cardiac symptoms.

RHUS TOXICODENDRON.

RHEUMATISM (?).

(83) CASE.—Ingrowing toe nails and ulcers about the nails are often most troublesome affec-

tions, and the more we confine ourselves to the treatment of these apparently local troubles the worse off we shall be as well as the patient. A few months since I saw a case of this kind in company with another physician. The treatment had been localized, and such remedies as *Arn.*, *Merc.*, *Hepar*, *Nit. ac.*, etc., had been given. It now turned out that she was full of *Rhus tox.* symptoms. Restless nights; was compelled to change her position frequently, and always with relief; was stiff in joints and muscles on first motion, better after moving for a while; loss of appetite, etc. *Rhus tox.* in a high potency gave her good night's rest; stiffness of joints and limbs left her; her appetite returned; the ulcer and apparent ingrowing toe nail got perfectly well a few weeks later without any topical applications. (H. N. Guernsey.)

INTERMITTENT FEVER.

(84) CASE.—I was called in consultation to an obstinate case of intermittent fever. It was a case imported from a district in the west where malaria abounds. It had been of years' standing, having been cured (?) several times by the inevitable *Quinine* on account of the *plasmodium malaria*. But of late she had been unable to take *Quinine*. It made her sicker than the disease. I had suggested *Ipec.* and again one or two other remedies

on the statement of the physician in charge, and because she had been so abused with *Quinine*, but still the case went on and grew worse until the doctor insisted on my coming to see her. When arrived at the house where the patient was she was just coming out of a very severe chill. She was *tossing from side to side, with moaning, low delirium, with muttering*. I managed to get a look at her tongue, it was red and dry, in a *triangular red tip pointing backward*. Just then she gave a hard dry cough. What about that cough? said I. Well, said one of the lady bystanders, that cough is very peculiar. She only coughed during the chill. Probably she won't cough again now until the next chill. There were other symptoms, of course, which I will not narrate here, because we have enough to prescribe on without fear of failure. Every homœopath knows what it is. *Rhus tox.* 200 was given. She never had another chill. The doctor was a good prescriber, but he had not seen the case right in the paroxysm, and he was a young practitioner and had never heard of Carrol Dunham's cough symptom. (Nash.)

STRAIN.

(85) CASE.—A man sprained his leg in a harvest field. When he presented himself to me he had exhausted the old school remedies. Found

a swelling about the size of half an ordinary orange just below the knee-cap at the head of the tibia. Was very lame, worse during rest, at night, before a storm, etc., a complete *Rhus* case.

Prescribed *Rhus* 30. In five days he reported no swelling and no pain to speak of. He got but one prescription. He sent another man who had been hurt in the same field; he had sprained his ankle. The symptoms in this case were precisely the same as in the other; it was, however, of more recent occurrence, and was located at the ankle instead of at the knee; but still a clear *Rhus* case. I gave him the same as I gave the other, with the assurance to the patient that it would cure him in a week. He came to me again no better. I was so sure of the remedy that I gave him the 3d of the same. He reported in a week that the medicine acted like a charm. (W. J. Hawkes.)

RHEUMATISM.

(86) CASE.—German, aged sixty-six, attacked in 1837, from exposure to cold, accompanied by paralysis of the right side from which he slowly recovered. No symptoms of rheumatism until twelve years ago; since then pains almost constantly in the right side; decidedly rheumatic in character with marked periodicity, coming on at 10 P. M. and lasting till 6 A. M., worse in winter and before a storm; during storm pains over the

whole body; intense pain on moving after a rest, but continued motion relieved. *Rhus tox.* 200, one dose a week; in six weeks well and no rheumatism since. (H. H. Baxter.)

ERYSIPELAS.

(87) CASE.—Mrs. Duane Fuller, age about 65, was taken with severe chill, which was soon followed by *aching pains all over, wrist, in back and head*. She soon lost consciousness, *went into a stupor with low grade delirium, muttering and continually tossing from side to side in the bed*. The tongue began to grow dry and stiff so that her muttering grew unintelligible. There was an epidemic of typhoid fever in the vicinity, some had died under old school treatment; so I first prescribed *Baptisia* with confidence that it would so modify the case that its subsequent treatment would be easy or abort it entirely, as I had done in a number of cases before. But it failed. The next day there was no improvement, and I, thinking that psora might be standing in the way, dropped in a dose of *Sulphur* 200. Then erysipelas of the head and face, the most intense I ever saw, developed. Perhaps the *Sulphur* brought it out, but there was no amelioration of the other symptoms.

The head and face were so swollen that the eyes were completely closed, and the size of the

head it seemed to me was nearly one-third increased. The eruption was decidedly *vesicular*. Now the remedy was plain. *Rhus tox.* m.m. was given in solution. The restlessness immediately began to subside, the muttering less, and an easy sleep (though she remained unconscious) followed in which she remained for several days and nights. The swelling gradually subsided, the vesicles dried and scaled off, and when she awoke her mind was clear. In nine days she sat up in bed and took nourishment, and made a rapid and complete recovery. (Nash.)

I have seen this remedy in the same potency (made on my own fluxion potentizer) do likewise since in other cases. These cases of *Rhus* need no comment. No remedy is more clear-cut in its indications and none more satisfactory in application to the cure of the sick when indicated. (N.)

RESUME.

1. Dry or coated tongue with a triangular red tip.
2. Great restlessness, cannot lie long in one position, changes often, with temporary relief.
3. Lameness and stiffness and soreness on beginning to move after or during rest; on getting up in the A. M.; > by continued motion.
4. Eruptions like erysipelas or scarlatina; vesicular, with the characteristic restlessness.

5. All diseases that put on the typhoid form with the characteristic triangular red tip of tongue and restlessness.

6. Stupor and mild persistent delirium; continually tossing and muttering with laborious dreams.

7. *Modalities*, < when quiet, and on beginning to move; wet, cold weather, lifting or straining; getting wet when perspiring; > by continual motion; warmth; dry air or weather; leaning against something hard.

PODOPHYLLUM.

INTERMITTENT FEVER.

(88) CASE.—Intermittent fever. Miss B., when visited on the 28th of last June, had felt ill for several days, and complained then of wandering pains in the joints, worse from motion; the flesh sore to touch; pain in region of the spleen; eruption like nettlerash on the legs below the knees; she felt chilly this morning, and is now hot. She received *China* 900., one dose. When visited the next forenoon she said she had been attacked with perspiration at 1 A. M., which lasted until 7 A. M., when she had a decided chill followed with light heat, but with no sweat. This irregular and unusual order of symptoms

did not suggest any remedy, and it was concluded to give no medicine and await the progress of the case under the former and apparently well indicated remedy. In the afternoon I was called to see her again. At 11 A. M. she had a shaking chill with pains in the wrists, knees and ankles, followed with heat without pains, then sweat on the back, head, face and hollow of the elbows.

Here appeared to be a clear case, so far as known to the prescriber. The only remedy having all these concomitants of chill is *Podophyllum*. She received at 5 P. M. one dose of the 1,000 potency. The next morning, at 9 o'clock she had a chill, with thirst for hot drink, but without the pains of the previous day. She got no more medicine and had no more chill, except once slightly, three weeks later, just after sea bathing, and is in much improved health.

I have several times prescribed *Podoph.* in intermittent fever, guided by these concomitants, sometimes strengthened by loquacity in the early stages, and sleepiness with the sweat, and it has not yet failed to cure. (Rushmore.)

INTERMITTENT FEVER.

(89) CASE.—Mr. Olmsted, aged 40, stout, rather bilious temperament, has been traveling in the west, much of the time in malarial districts. Came home and was attacked with intermittent

fever. The chills occurred in the morning, were very severe, continuing until 10 or 11 A. M., when he would go into the former stage, which was also very intense, and this would be followed with profuse sweat. He, after a few days, became loquaciously delirious during the chill and heat. He slept heavily during the perspiration. Added to all this was very pronounced *jaundice*. The loquacity was so great that I could not help thinking of *Stramonium*, and if it had been typhoid fever instead of intermittent fever would have given it. I went on the hunt for the remedy like a good little boy (I was a beginner then) and found in "H. C. Allen," on intermittent fever, that *Pod.* had this loquacious condition in black-faced type. I gave him the remedy, then, and he never had but one slight chill after. I gave it in the 12th potency. (Nash.)

DIARRHŒA.

(90) CASE.—April 23 (1884), about 9 A. M., diarrhœa set in. It had been threatening for an hour or two, and at last hurried me to stool. Stomach had been disturbed through the night from the juice of canned plums. Stool dark brown, mushy, copious, attended with much wind. One or two stools in the after part of the day. Took no medicine. In the following night about 3 A. M. driven out of bed suddenly. Stool

watery, rather scanty, though gushing, as if abundant. Stools become frequent. Occasionally a slight pain in abdomen. Much rumbling and gurgling. No thirst, no nausea. As the trouble began with indigestion, and this was brought on by fruit, I acted on general principles, and took *Pulsatilla* 200, one dose of a few pellets, half a dozen small, pin-head pellets. Waited four hours. Symptoms grew worse suddenly. Acting still upon general principles, took *Nux vom.* 200, one dose. Repeated in three hours. Grew steadily worse. Three to six stools every hour; dark green with yellow water; somewhat mushy, tenesmus; tendency to *prolapsus ani*; pains more frequent, and threatening to become intense, and incisive and prolonged. Urine almost suppressed. Tongue moist, but beginning to put on a white coat and to be slimy. About noon of the 24th dissolved twelve small pellets of *Podophyllum* 200 in a glass of water. Of this solution took one teaspoonful. Within an hour symptoms became less urgent. By 6 P. M. they had nearly disappeared and this without repeating the dose.

Podophyllum was indicated by the watery, mealy, dark-green stool, by the *prolapsus ani*, by the morning aggravation, by the suppression of urine.

April 28th, a good stool. April 29th, 5 P. M.,

diarrhœa began as before; renewed at 8 P. M. *Podophyllum* 200, prepared as on the 24th. One teaspoonful sufficed. Up to this date, May 8th, no return of diarrhœa. (C. S. Jennings.)

CHOLERA INFANTUM.

(91) CASE.—Master Bostwick, age 18 months, has been having diarrhœa for several weeks. It was attributed to the hot weather and some teething trouble. Notwithstanding various domestic remedies the child grew worse until I was called. I prescribed without avail several remedies, until the case became very serious. Symptoms: Stools thin, copious at first, then admixed with mucus, yellow and *very offensive; worse in the morning and forenoon*. There was great prostration, and the surface and extremities together grew cold. Child *perfectly unconscious, stupid, sleeping with half open eyes, rolling its head from side and moaning; constant gagging*. *Podophyllum* 1,000 (B. & T.), in solution, a teaspoonful after every passage. Prompt improvement and rapid and perfect recovery followed. (Nash.)

CHOLERA INFANTUM.

(92) CASE.—A child, one year old but large for its age, with light complexion, black eyes and dark hair, had diarrhœa for two months. In the beginning of the sickness *Cham.* was given on

account of the great restlessness, with temporary benefit. A little later *Calc. carb.* was given on account of the leucophlegmatic temperament, large head, light colored stools and crossness, but with no permanent relief. Then the child was taken to "Thousand Isles" in hopes of benefit from the climatic change, but the benefit was only temporary, and it was brought home as sick as ever and weaker. At this time the following symptoms were elicited: Light-colored, offensive diarrhœa, containing undigested matter; stools more frequent in the morning and forenoon. Great restlessness and prostration, has not slept more than half an hour at a time at night for weeks. Grinding the teeth (the few that are cut) and gums almost continually. Not much swelling of the gums, but don't want them touched. *Appetite gone.* Gave *Podophyllum* c.m. (Fincke) in solution, a teaspoonful after each evacuation. Only two doses were necessary, after which the stool became natural, restlessness ceased, cheeks (before pale and sunken) flushed, appetite restored, sleeps good at night. Cured. (Nash.)

How any man laying claim to *common honesty* can ignore or deny the evidence of the truth of homœopathy after the innumerable cures, both acute and chronic, of diarrhœa, by such remedies as *Podophyllum*, *Aloes*, *Croton tiglium*, *Natrum*

sulphuricum, etc., I cannot understand. It is pure *pig-headedness*, and if you ever tried to drive a hog where he did not want to go you will have learned the meaning of that term. Reasoning is wasted on such.

RESUME.

1. Stools, watery, with meal-like sediment; yellow, pasty; yellow, watery; greenish, watery; profuse, frequent, gushing, painless (draining the patient dry every time), very offensive, like carrion; yellow, mucous stools.

2. Prolapsus ani with loose stools.

3. Restless sleep; stupor with half closed eyes; turning the head from side to side with moaning.

4. Vomiting followed by constant *retching* and *gagging*.

5. Violent cramps of feet, calves and thighs (with painless watery stools).

6. Pain in female organs, especially in right ovary, running down thigh of that side, also prolapsus uteri; < lifting or after parturition.

7. *Modalities*, < morning, in the night, during hot weather, during dentition.

NUX MOSCHATA.**MENTAL ABERRATION.**

(93) CASE.—Miss R., a Russian Jewess, was brought to my office by her intended husband and a Jewish rabbi, with the following interesting history: One afternoon some five or six months previous, while walking across Brooklyn bridge with her intended husband, she suddenly stopped and, clapping her hands to her head, declared that “his mother had struck her over the head with a wooden club.” The intended husband remonstrated and tried to show her that they were quite alone, but she kept reiterating that “his mother had struck her with a wooden club.” She was brought to her home and physician after physician was summoned, but all failed in disabusing her mind of the peculiar hallucination, or in any way improving her health, which continually kept growing worse, until finally their little savings were all used up, after which she was taken to the various city dispensaries, but in every instance without any improvement or amelioration of her condition, either mentally or physically.

The family physician was again consulted, and on his advice the papers were all made out for a commitment to an institution. Before taking her away, at the final request of the rabbi, she was

brought to my office "to see if homœopathy might do anything" in her case.

On being led into my office I noticed the following: She immediately sank into a chair, and was in a few moments asleep; her hair was disheveled. Shaking her I asked through the rabbi, who acted as interpreter, if her mouth was dry and if her tongue seemed to stick to the roof of her mouth, and she nodded assent. On turning to consult my Hering Condensed Materia Medica, and while the intended husband and rabbi were looking over the volumes on my library shelves she slipped from the office and was gone. The two men hastily picking up their hats hurried out of my office and caught her almost a block away, and pulling and dragging finally brought her back. She then began to cry. She looked thin and frail, and her face wore an expression of much suffering. I was informed that it was next to impossible to get her to take food in any form of any kind. I had noticed as the men led her into my office a staggering gait. But I thought I saw enough to pick as her remedy *Nux moschata*. Accordingly I made up three powders of *Nux mosch.* in the 1,000th potency (B. & T.), one of which I placed on her tongue in my office, and, giving the other two powders to her intended husband, ordered that one powder

should be placed on her tongue in just seventy-two hours, and the other on the third day following. The following is the report of the rabbi: Miss R—— seemed to gradually improve from the moment you put the powder on her tongue.

Indeed she seemed so much improved in seventy-two hours that we thought it hardly necessary to give her the second powder, but decided to obey your instructions, which, on doing, she clapped her hands to her head and “declared that something had snapped on the inside.” Immediately she was her old self again; declared she had never had any such silly hallucinations as her friends informed she had been suffering from for seven months; began to eat, and in two weeks gained seven pounds; in three months was happily married, and is at last accounts perfectly well and happy. (Bailie Brown.)

What was the pathological condition here? Was it a thrombus? If so, what had the *Nux moschata* to do with the removal of the obstruction? Seven months would seem to have been long enough to have set up irreparable changes in the brain tissue or substance. One thing we do know, that well known symptomatic indications led to the prescription, and as in many other instances the cure took place notwithstanding our inability to explain everything. I will not stop

here to report my own experience with this drug, for my work is drawing fast to a close, and I desire to give some other cases with other remedies. I am sure this remedy is neither understood nor used as often as it might be with great advantage, especially in the potencies.

RESUME.

1. Stupor, insensibility; *unconquerable sleep*; sleepy with most all complaints.
2. *Excessive dryness* of the mouth, tongue, lips, throat, etc.; no thirst.
3. Disposition to faint; also from pain even when slight.
4. Diarrhœa in summer; stools undigested, frothy; with the characteristic drowsiness.
5. Weakness or loss of memory, vanishing of thoughts; falls asleep when reading.
6. Changing mood from silly laughter to deepest gloom and tears.
7. *Modalities*, < from cold, damp weather, getting wet, or washing; after eating (bloating); > in room; dry weather.

ACONITUM NAPELLUS.

CHRONIC NERVOUS PROSTRATION.

(94) CASE.—After graduation in Philadelphia, on my return home (Candor, N. Y.), I was call-

ed to an adjoining town (Danby) to a patient who had been in bed twenty years from what was diagnosed then by several physicians as "nervous prostration."

I thought this was a hard case for a novice to undertake, but on examination was informed by the patient that her whole trouble was brought on at first by an exposure to *dry cold air* on a long ride, 20 degrees below zero. She had never been well since. Now she was troubled with insomnia of long duration. She was *afraid* to go to sleep for fear she might die. On these indications I prescribed *Aconite* 6x notwithstanding the chronic character of the case. A month after she came walking into my office. She said, I did not report as I promised, because I slept good the first night, and have done so ever since. I feel well. This was my first case after graduation, many years ago. It was a remarkable cure, for it helped both the patient and me; me in the establishment of my faith in homœopathy, and the patient so long sick to perfect health. (E. E. Snyder.)

RELIGIOUS MANIA.

(95) CASE.—Religious mania. The patient, a hypersensitive young woman of twenty-two. Here, again, is a long history, a case which even with much study eluded me for a time. At length

I learned that what troubled her most was largely a fear of some one discussing religious topics. *Then* I found that she feared loss of reason and memory (*Calc. c.*), fearful hallucinations at night; fearful dreams (*Bell.*); cannot bear music (*Ign.*); fear of crossing the street lest she be run over; fear that buildings would topple over on her or sharp objects come hurling through the air and strike her (*Arg. nit.*). Here there was no fever, congestion, sensitiveness to cold, dry winds, no flushed face (it was very pale), no dry mucous membranes, no thirst. On the contrary, there was a mass of evidence against what we so commonly hear as the characteristics of *Aconite*.

But for this ungovernable fear of most everything, *Opium* is about the only rival to *Aconite*. The case examined critically was *Aconite*, and *Aconite* one dose, thousandth, ended the whole matter. That was five years ago, and now she laughs over her former perplexities. I omitted to mention that the alternation of moods from extreme gayety to sadness was of the degree of *Crocus* or *Ignatia*. (Spencer Carleton.)

I have purposely selected these two cases to show how wide is the range of *Aconite* as covering those acute conditions so well known to all true homœopaths, and the alternate or chronic conditions which come just as prominently under its scope.

The remote effects of *exposure to dry, cold air* does not exclude the consideration of the remedy even though a severe croup, pneumonia, pleurisy or rheumatism did not follow at the time. If they had, the acute well known *Aconite* symptoms would have been present, and *Aconite* administered then and there would have done the work. The case of Dr. Carleton's shows how right Hahnemann was when he put the mind symptoms foremost in the *Aconite* list. The reason this patient was afraid to hear talk on religious subjects was her "fear of death (I'll bet). *Fear of death; predicts the day of her death,*" etc. With such a condition, I think, although the doctor did not mention it, that there would be at times, if not all the time, great restlessness on account of such fear. I will now record a case which will illustrate the action (curative) of our remedy in acute conditions. (N.)

RHEUMATISM.

(96) CASE.—G. S. Van Huesen, ex-sheriff of Cortland county, aged about 60, spare, nervous, active temperament, after exposure to *dry, cold air*, came down with rheumatism. It began in the foot and ankle. It was *swollen, red*, very painful, extorting loud cries from the patient, who had quick pulse and high temperature; there was great anxiety, restlessness and changing position,

although it hurt him. He was in great *fear* that it was going to spread all over him and kill him. Wanted *something* to quiet that *pain*. (Morphine he wanted.) So I could give him a powder on his tongue (*Sac. lac.*) and dissolve *Aconite* 30th in water, directing his daughter to give him a teaspoonful once in one-half hour until he was easier. He was asleep in two hours, had a good night, and next morning the swelling was half gone, and all the other symptoms were correspondingly ameliorated. Recovery was rapid and complete. (Nash.)

Any acute inflammatory disease with *these symptoms* cannot fail to be favorably influenced or cured by this remedy, especially in the first stage, or before the stage of effusion has set in.

Mark now what I say, when *these symptoms* are present. I wish to guard against the too common error of prescribing *Aconite* in the beginning of inflammatory diseases indiscriminately. The slovenly routinism too common in our ranks cannot be too severely condemned. The practitioner who cannot differentiate between *Aconite*, *Belladonna*, *Ferrum phos.*, *Gelsem.*, *Chamomilla*, etc., in the first stage of such diseases deserves the severest condemnation.

RESUME.

1. FEAR, of death, of crowds, of going out, etc.; *always fearful*; chronic effects of fright.

2. Complaints from exposure to dry, cold air.
3. Congestions and inflammations; acute; first stage; with great anxiety, unbearable pain; heat and restlessness; tosses about in agony; throws off covering.
4. Pains insupportable, < at night, especially evening; neuralgia.
5. Face red and flushed, but turns pale on rising, one cheek red.
6. Favorite locality; larynx (croup), bronchi, lungs, pleura, joints, heat and circulation.
7. *Modalities*, < in the evening (pains and chest symptoms), lying on left side; in warm room or warm covering; > uncovering; kicks or throws off clothes.

SABADILLA.

CORYZA.

(97) CASE.—Miss E., aged 23, bookkeeper, rather tall, thin, but counting herself in good health, complained of a single annoying symptom of long standing, as follows:

Since fourteenth year of age had suffered from attacks of sneezing and lachrymation. The slightest change in temperature, the most trivial irritation, would bring on violent paroxysms of sneezing, lachrymation and watery coryza. Go-

ing from one room to another, a draft, the opening of a door, the chilling of the hands or a bright light striking the eyes were any of them sufficient to precipitate an attack, and when such exciting causes appeared to be lacking occasional attacks would come on anyhow. There was no organic catarrh, no discharge (except at the time of the paroxysms), no symptoms of any kind left afterwards. No headache, no menstrual trouble, no pains, no aching, no modalities except as above mentioned in regard to the sneezing. *Sabadilla* 200, a few powders, cured completely and permanently.

REMARKS.—This case was absolutely hopeless for a pathological prescriber or for an allopath. The pathology is not mysterious, almost anyone, if he knew enough, could talk learnedly about it. It would be a description of how puerperal irritation, inconceivably slight, affected by branches of the sympathetic nerve and carried by paths and routes absolutely unknown to the mucous membrane of the nose, produced an undue afflux of blood, tumefaction and irritation of the Schneiderian membrane, until another reflex was thereby started, setting up the whole complex mechanism of stimulation, there occurred a powerful, sudden contraction of the diaphragm, producing a friable expulsion of air through the nasal pass-

ages, accompanied by such a stimulation of the lachrymal apparatus as to produce copious tears, and also by such an activity of the nasal mucous membrane as to cause a profuse flow of watery secretion from the nose to the great detriment of many fine linen handkerchiefs. What is all this but words, vain words? Miss Eberle could go through the process forty times while the pathologist was describing one sneeze. How could the most profound understanding of the pathological process show that *Sabadilla* was the remedy? I leave that problem to the prayerful attention of the devotees of pathology, Epsom salts, castor oil and calomel. As to the remedy, sneezing, lachrymation and thin nasal discharge are characteristic. I count it a fault in our materia medica that it does not dwell with sufficient emphasis upon this important feature of *Sabadilla*. This drug in the days when the allopaths used Galenical medicines rather than coal tar products was of considerable prominence as an antiparasitic and vermifuge. Like nearly all the drugs of the old school, more than a year old, it has fallen into disuse, but was retained in the last pharmacopœia for the purpose of manufacturing the alkaloid veratrine of which it is the source. The present pharmacopœia drops it entirely, retaining its alkaloid only. I know by experience that it is im-

possible to powder *Sabadilla* seeds without taking precaution against the inhaling of the dust, as it is provocative of most powerful stimulation; the alkaloid has the same property but in a milder degree.

It is said that the celebrated Schneeberger Schnupf-Tabackowes its property of causing powerful nasal titillation to the presence of *Sabadilla* in its composition.

Sabadilla is almost a polychrest, and indicated probably twenty times where it is once used. I have no doubt that *Ipecac*, *Pulsatilla* and *Lachesis* are frequently useful to zig zag a case to health when *Sabadilla* would do more powerful and direct work than any of those mentioned. The semblances and differences between it and *Lachesis* are worthy of careful study.

In the *Materia Medica* we find the following symptoms, showing its power in the direction of Miss E.'s symptoms: "Lachrymation, worse when walking in the open air or looking at light; sneezing, coughing or yawning; lachrymation as soon as the least pain is felt in some other part of the body, for instance, the hand."

"Margins of the lids red."

"Spasmodic sneezing; fluent coryza."

"Either nostril stuffed up; itching nose."

"Violent sneezing from time to time, shaking the abdomen, followed by lachrymation."

“Coryza with savage frontal pains and redness of eyelids; violent spasmodic sneezing, influenza and lachrymation on going into the open air. Cough with lachrymation.” (J. B. S. King.)

PLASMODIUM MALARIA.

(98) CASE.—Well nourished woman, strong, of about twenty-eight years of age, of dark hair, eyes and skin, who was in her second labor. She is the possessor of a fine mind and a charming disposition, consequently had the ability to keep herself calm during the trying ordeal of hard labor. The following conditions were present: Cervix three-quarters dilated, a ruptured sack, a right brow, which, later, was reduced to a face presentation. The labor had been on for several hours, the pains were hard and tedious, keeping up uninterruptedly without apparent progress being made, terminating in about five hours after seeing her.

Soon after the second stage of labor had been completed the patient complained of coldness all over body, which shortly after eventuated in a terrific chill.

The air was hot and sultry that July night. The heat of the room, the hardness of the birth, the copious sweating, the draft of air passing on patient covered with a moist sheet, which was so from perspiration, the subsidence of mental ten-

sion, all, as I thought, had much to do with inducing that chill. *Aconite* was given with apparent good results. The third stage of labor having been completed, no further attention being required from myself, the patient was assigned to the care of a nurse, who called me in about one hour after leaving the lying-in room to inform me that patient had a temperature of 105° and much mental excitement. I sought the bedside of the afflicted one and questioned her as to her feelings, thereby hoping to find an appropriate remedy covering this extraordinary phenomenon coming on so soon after the termination of labor. Patient complained of frontal and occipital headache, with vertigo like floating away, chilly feeling in the back moving upwards, numbness and trembling of body and extremities, no thirst, a moist, hot skin, a rapid, bounding pulse, slow action of mind, and a labored use of tongue, for which group of symptoms *Gelsemium* was suggested to mind, but not given, trusting that *Aconite* would relieve the patient temporarily, at least. There had been no perverted feelings noticed just before labor began nor during the previous weeks leading to clue as to this manifestation of disease. Before leaving patient that morning she expressed herself as improving. The day passed with no new developments. *Gelsemium* was left

to be given later if necessary. The following morning at about the time the previous chill came on a slight chill occurred, a fever developed and continued until latter part of forenoon, when I saw her. The situation had changed from day before in that there were tenderness and pain in abdomen on pressure, some tympanites and an arrest of usual local discharge. I now thought it wise to make an examination of uterus, and after which a curettement was decided upon and made revealing no indications of there having been an infection induced through the birth track to show cause of disease.

The third morning following birth there was another terrific chill and fever, the latter lasting the greater part of forenoon, some tenderness and pain with tympanites continuing. The fourth morning was practically a repetition of the third. With this addition, the disease had now made a change in patient's appearance, which was noticeable in the color of skin and marked prostration. I realized that I had a hard problem to solve in curing the sufferer of a depressing illness, and that something must be done as soon as possible to check its progress.

The family became anxious about prognosis and sought speedy relief for the afflicted one. An obstetrician of experience was asked for by

husband and relatives, to which request I yielded. Medical literature has on record cases of inactive pelvic abscesses resulting from previous infection, specific and otherwise, which remain dormant until aroused by the bruising incident to labor, some becoming active immediately and others following within three days to some weeks after labor. In this particular case I had no definite knowledge precluding any previous infection resulting in a latent abscess, therefore held to the theory that an abscess might be the cause of trouble, being partly confirmed in the idea by the course of treatment pursued, although her health had been good during gestation.

Infection can be conveyed to patient by attendant, a common source of such unhappy occurrence. It may happen through meddlesome interference from one having no business to interfere; I had had one such in a nurse making repeated vaginal examinations at the request of patient, and without my knowledge till after an infection had taken place. As to my having been the cause that might be a possibility, and yet I had not been exposed to an infection of any kind during the out strict aseptic precautions in personal cleanliness, no digital examinations of birth-tract being

made till after thoroughly scrubbing arms, hands, fingers, and especially finger-nails to avoid a possible chance of carrying infection.

My desire was to make another thorough physical and uterine examination, including curettements, as well as one of the blood before counsel mentioning in addition to facts known.

The fact that I had had experience in examining blood to determine doubtful conditions of sim- came in to see patient. The former was made immediately, but there was nothing found worth previous several weeks, neither in private nor in ~~ilar~~ character led me to do so in this case; that it would confirm the diagnosis only is to be admitted; but what relief to the mind to even have that consolation in a case of this kind of complication. This I did, and to my satisfaction there were found plasmodium malaria in profusion and in several stages of development, clearly demonstrating the disease to be one of malaria and not one of infection following labor. I was satisfied now that more study given toward finding the indicated remedy and its application would successfully cure the patient and restore hope in the minds of all concerned.

The common way of handling a case of this sort is by large doses of *Quinine*, and the majority of medical men would have selected and given this drug for treatment irrespective of conse-

quences. Is it not far better to actually cure disease rather than to suppress it?

Why engorge liver, spleen and blood with a drug which takes a long time to eradicate itself from the system? There are instances, and they are not rare, where that drug never can be eradicated from the body, but remains in the form of quinine cachexia.

Why not accept and apply Hahnemann's teachings as the standard in therapeutics, where life and health, in the present and future, are at stake? He declares that "the highest aim of healing is the speedy and permanent restitution of health or gentle alleviation and obliteration of disease in its entire extent, in the shortest, most reliable and safest manner, according to clearly intelligible reasons." The image of the disease having been obtained in the following prominent and characteristic symptoms, the prescription which cured the patient was based upon it.

Chill beginning about 2 A. M. each night, being regular as to time.

Chill beginning in lower extremity and going upwards.

Chill lasting a long time.

Chill being hard and producing terrors in mind of patient.

Fever lasting a long time.

Sweats profusely all over and lasting a long time.

Thirst little or none, during chill, fever and sweat.

After comparison with a few remedies choice was made of *Sabadilla*, which was given, and promptly cleared case of all pathological symptoms.

There was not even the slightest return of any of them in the following morning nor since, patient making a good recovery on this one remedy alone. My consultant pronounced the disease pyæmia. I asked him on what he based his diagnosis, and he replied upon the history of the case and the tympanites. I called his attention to the examination made of blood and finding *plasmodia* in it, proving illness to be malaria, to which he would not listen. My reason for following course as stated was a desire to do rather than not to do what would aid me in getting at etiology of disease. I am well aware that the procedure followed was not in accordance with the teachings of Hahnemannian homœopathy. (I think it was, Nash.) I am equally aware that the findings in uterine and blood examination would not aid me one iota in making a homœopathic prescription (right, Nash), but I had in my favor an unquestioned right, and besides felt it my duty to

use methods of accuracy concerning diagnosis made, when same was not harmful to patient, and not interfering with treatment; besides by so doing the good will and future patronage of family and friends were retained, which was worthy of consideration. (Right again, Nash.)

* * * * *

Examination of the blood by microscope demonstrated what the disturbing element was due to, and had it been made the first day of pathological manifestation the useless examination of uterus and curettement would not have been made later; they were uncalled for and should not have been made. (E. E. Reininger.)

This is a remarkably well reported case, though long, and we have not copied all the remarks of the doctor in defense of his procedure, which we think needs no defense after all, but would like to call attention of our readers to a few points. I said in part in my discussion of this paper: I noticed that when the doctor had discovered the plasmodium and thus convinced himself that it was malaria, he sat down and studied the remedy that covered the *symptoms*, and cured in the *old way* after all. Why did he not do that before the plasmodium was discovered. Both the paper and Dr. King (who cured a similar case) acknowledged that the plasmodium did not help them to

discover the remedy. I have no fault to find with scientific means of diagnosis, and believe that it is our duty to know everything possible about our cases for purposes of diagnosis, prognosis, hygienic management, etc., but these things, valuable as they are, must not be permitted to encroach upon the field of the symptomatic selection of the remedy. The latter often lie outside of the symptoms upon which the diagnosis is found. The minute symptoms that are apparently trivial, that escape the attention of the diagnostician, are often the important ones for the selection of the remedy. (N.)

The first mistake in this case was the not covering the case in its *symptomatology*. And who does not make them? Fools make no mistakes, but wise men do, and I prefer to be ranked with the latter class, with Dr. Reininger. Blood urine, fæcal, sputum examinations are all right, and neither Hahnemann nor his followers ever ignored them so far as they were able to understand them. All must come in so far as possible for a full understanding of a case, but for purposes of prescribing symptomatology leads. (N.)

INTERMITTENT FEVER.

(99) CASE.—Patient confined to bed for more than three months; one week of that time he had been attended by a physician outside of the hos-

pital (Cook County Hospital, Chicago), who prescribed large and frequent doses of *Quinine* without improvement. He had been in the hospital over two months before I prescribed for him, having been under the influence of drugs all of that time, so that I could not clearly tell drug symptoms from disease symptoms when I saw him for the first time. All drugs were discontinued and placebo given for one week, during which time I visited the patient's bedside, taking notes and studying his condition from ten to fifteen minutes each day.

The following group of symptoms was obtained, clearly defining the individuality of the disease, upon which was based the prescription that successfully cleared the man of all pathological manifestations:

1. Chill always began in feet and moved upwards; when chilly feeling reached the spine a violent shaking of the whole body began.
2. Chill came on with regularity as to time, twice in twenty-four hours.
3. Heat and fever showed its greatest intensity in head and face.
4. Sweat was profuse, continuing throughout afternoon and night, requiring the bedding to be changed two and three times in twenty-four hours.

5. Thirst, very little during chill, fever or sweat.

In accordance with this combination, condition and symptoms *Sabadilla* was selected.

The first day after the remedy had been given the chill was more moderate than usual, and patient declared that he felt much better. On the second day after the chill was milder still. The third day chill was still less, and on fourth day there was no chill at all. From this day there were no more chills, and the patient made a rapid recovery. After two weeks the patient became a ward man, assisting nurses about ward, in which capacity he rendered faithful labor for over three months, ever feeling grateful for his recovery; he was discharged at the end of that time at his own request.

Patient received no more medicine after that one prescription made by myself during his stay at the hospital as ward man. Nineteen different drugs were given to him in the hospital prior to that prescription without effecting a cure. The history sheets submitted give record in detail. (Reininger.)

A reference to the *Encyclopædia of Pure Materia Medica* will show how closely and skillfully the Drs. King and Reininger chose the remedy, and will, in the main, furnish our

RESUME.

1. Chill of clock-like periodicity (*Cedron*).
2. Chill begins below, in feet and moves upward.
5. Thirst very little during chill, fever and face (*Nux v.*).
4. Sweat *profuse*.
5. Thirst very little during chill; fever and sweat.
6. Sore throat beginning on left side (*Lach.*).
7. Paroxysms of violent sneezing, shaking whole abdomen, with profuse discharge from nose and lachrymation, especially in open air, when in bright light, when coughing, yawning, or feeling of pain in other parts.

MEZEREUM.

TIC DOULOUREUX.

(100) CASE.—Mr. F. M. B., age 50, has had tic douloureux for nearly thirty years. His mother and a brother also suffered from the same affection. The pain starts near the root of the canine tooth, upper left side, extending to the root of the nose upwards into the left eye, and at times to the vertex. It comes like a flash, lasts a varying period of time and goes as quickly as it

came. It is worse from the slightest motion of the adjacent parts, talking, eating, light touch—even touching the mustache. It is worse in the wind, whether cold or warm, probably because it causes the mustache to vibrate. Sometimes it comes on the first moving in the morning. It seldom occurs at night while lying down. It is relieved very slightly from hard pressure, and occasionally, though not often, by heat. During the pain tears roll down the cheeks from the eye of the affected side, and after the paroxysm the eyeball itches. From January 24, 1906, to June of the same year he received *Magnesia phos.*, *Sepia*, *Magnesia carb.* and *Spigelia* with very slight, if any, benefit, and finally becoming discouraged he returned to his old school physician.

Indirectly I heard that he still had spells of excruciating pain, and that his nervous system was gradually giving way under the strain.

However, early last June I received word that Mr. B. wanted to see me at his residence in Evanston. On arriving there I found the poor man in the midst of a severe spell of his old neuralgia, thoroughly disheartened and almost on the verge of nervous prostration. Through the persuasion of some of his friends he had determined to try homœopathy once more, as he had obtained no relief from any other form of treatment.

The symptoms were practically the same as those given above, excepting that there was no relief from heat or pressure. The effect of slight motion of lip or tongue was increased so that sucking or even swallowing almost invariably renewed the attack.

But two new symptoms were added, itching of the affected parts before the pain and tingling and itching afterwards. He always knew when the pain was about to start, because the side of the face or the upper lip began to itch. This placed the case in a new light. A brief review of the repertory showed *Mezereum* to be the only remedy which covered the symptoms group; then he was given the 30th potency, to be taken every three hours until the pain was relieved, then at longer intervals. The effect was almost immediate, and he continued to improve until he was able to start for Santa Catalina, off the coast of California, for a month's needed rest. (H. Farrington.)

This furnishes our one hundred cases, of which we will speak more in our preface.

NOTE TO INDEX

For ready reference I have thought best to put in their order the three divisions, Remedy, Disease and Contributor.

At the risk of being charged with egotism I have given many more of my own cases than any one else. My reason for so doing is that this collection of cases is a sort of companion piece to my "Leaders in Homœopathic Therapeutics," and as such would naturally be expected to give my own experience in the clinical application of the remedies treated, and corroborated by some experiences of many others entitled to testimony.

Let me here earnestly request that my readers do not fail to read the preface. It will explain why more remedies, just as good, were not incorporated into this work.

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ERRATA

Page 53, second line from bottom, *Sherbino*, instead of *Sherbin*.

Page 156, sixth line from the top of page should read *Noack and Trink*s.

Page 10, in Preface, the tenth line from top, the word *low* should be used.

